



**MEMBERSHIP APPLICATION/DONATIONS FORM
2025/2026**
(membership form also available on our website at quaco.ca)

Name		
If family membership, please include the name of the additional member		
Email	Telephone	
Address		
Province/State	Postal/Zip Code	Date
<input type="checkbox"/> I agree.	By checking this box you agree that the information given is correct, and to receive emails or other promotional information from the Quaco Historical & Library Society.	

PLEASE COMPLETE		
	Individual \$15.00 (annually)	
	Family \$25.00 (annually)	
	Donation (tax deductible)	
	TOTAL:	
Payment Method		
..... cheques/cash etransfer		
For office use:		
Member Fees Rec'd: \$..... Donation.....		
Updates: email list..... membership list.....		
Receipt..... Date.....		

- Your yearly membership in the Quaco Historical and Library Society, Inc. runs from August to August.
- If paying by e-transfer, send payment to treasurer@quaco.ca. and please include your name, address and telephone in the message section in order to update your membership record correctly.