



**MEMBERSHIP APPLICATION/DONATIONS FORM**  
**2026 / 2027**  
 (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.	

<b>PLEASE COMPLETE</b>		
	<b>Individual</b> (annually) <b>\$20.00</b>	
	<b>Family</b> (annually) <b>\$30.00</b>	
	<b>Donation</b> (tax deductible)	
	<b>TOTAL:</b>	
<b>Payment Method</b>		
..... 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](mailto:treasurer@quaco.ca). and please include your name, address and telephone in the message section in order to update your membership record correctly.