

East Beaches Recreation & Wellness Coalition MEMBERSHIP RENEWAL FORM for \_\_\_\_\_  
year

Name: \_\_\_\_\_

Lake **civic** address: \_\_\_\_\_

Lake **mail** address: \_\_\_\_\_

\_\_\_\_\_

City address: \_\_\_\_\_

\_\_\_\_\_

Lake phone: \_\_\_\_\_

City phone: \_\_\_\_\_

Email: \_\_\_\_\_

----- Please make cheque for **\$10.00 per person** payable to "E.B.R.&W.C. Inc." mail to: Box 8, Traverse Bay, MB R0E 2A0 -----