



HARROP-PROCTER WATERSHED PROTECTION SOCIETY

Annual individual (\$10) _____

Annual family (\$20) _____ Lifetime (\$100.00) _____



Lifetime membership share (\$25) _____

Name(s): _____

Address: _____

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Email
Address: _____

Would you like a receipt mailed to you? Yes____ No____