



P.O. Box 38, 8560 Tremaine Road
Milton, Ontario L9T 2Y3
Tel: 905-878-8151
info@countryheritagepark.com
www.countryheritagepark.com



Country Heritage Agricultural Society

Annual Membership Application Form

For Membership Year 20_____ (January 1 – December 31)

Applicant Name:

Address:

City: _____ **Province:** __ ON __ **Postal Code:** _____

Phone: _____ **Email:**

Important Note:

- Only memberships purchased **before March 1** of any given year provide eligibility to vote at the Annual General Meeting for that year.
- New membership applications will be acknowledged at the AGM.

Annual Membership Fee is \$20, effective January 1, 2025.

Fee is subject to change by the Board of Directors

Payment Method:

- **Cash**
- **E-transfer** (Please send to finance@countryheritagepark.com)
- **Cheque**

COUNTRY HERITAGE PARK



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Past
Present
Future



Communication Consent

CHAS communicates primarily by email (AGM notices, newsletters, renewal reminders, event information).

- I **consent** to receive electronic communications from CHAS.
- I **prefer** to receive communications from CHAS via mail delivery.

Why would you like to become a CHAS Member?

This helps us better understand and support our members.

Volunteer Interests:

- Events & Festivals
- Education Programs
- Heritage Buildings & Grounds
- Fundraising & Sponsorship
- Committees / Board Service
- Farm Equipment / Building Maintenance
- Other: _____

Acknowledgment

By signing below, I confirm that:

- I support the mission of the Country Heritage Agricultural Society.
- I agree to uphold CHAS bylaws, policies, and the member Code of Conduct.
- I understand that membership is subject to Board approval and is non-transferable.
- I understand that only memberships purchased before **March 1** qualify for voting privileges at the AGM for the current fiscal year.

Signature: _____ **Date:** _____

Office Use Only

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- Payment received: \$_____
- Membership approved
- Membership card issued
- Added to membership registry
- Confirmation email sent

Processed by: _____ **Date:** _____