

Membership Form

Name:		
Address:		
Email:		
Telephone Number:		
Home	Work	Other
Are you a year round resident of the watershed?	○ YES ○ NO	
Are you a seasonal resident of the watershed?	○ YES ○ NO	
Do you own property in the watershed?	◯ YES ◯ NO	
ways to help, like hanging a notice on a community collect data, or planting trees in the watershed. Each of the volunteering? YES If you answered yes, someone from our organization contact Volunteer@WinterTracadie.ca	ach volunteer makes a differen	ce to the watershed.
What is the most important issue you see affecting watershed? What do you hope to see done to add		ities of the Winter River – Tracadie Bay
There is no membership fee, but donations are we	elcome.	

Please return completed form by mail or email:

630 Suffolk Road or info@WinterTracadie.ca Dunstaffnage, PEI C1C 0P6