



**ANNUAL FAMILY MEMBERSHIP APPLICATION AND/OR RENEWAL**  
**Fiscal Year (July 1, 2018 to June 30, 2019)**

Please complete and return this form along with your cheque in the amount of \$30.00 to:

**INNISFIL DISTRICT ASSOCIATION INC., P.O. Box 7057, Innisfil, ON L9S 1A8**

Application

Renewal

Date \_\_\_\_\_

Title \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

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

Innisfil Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Website: [www.innisfilaction.com](http://www.innisfilaction.com)

Facebook: [IDA - Innisfil Action](#)

Email: [info@innisfilaction.com](mailto:info@innisfilaction.com)

Twitter: [@innisfilaction](#)

Innisfil District Association Inc.  
P.O. Box 7057  
Innisfil, ON L9S 1A8