



Membership Application

<http://www.gravelwatch.org>

Name _____ Date _____

Address _____

Region/Township _____

Email _____ Phone _____

Type of membership (select one):

Individual (voting member \$20) Individual (non-voting member \$0)

Group (voting member \$50) Group (non-voting member \$0)

Group Affiliation _____

Names and email addresses for GWO contact list:

I (my group) agree with and will abide by Gravel Watch Ontario's Mission, Values and Vision as given at <http://www.gravelwatch.org>

I (my group) have no conflict of interest in being a member of Gravel Watch Ontario.

If applying for a new membership, please provide the following information:

How did you learn about Gravel Watch Ontario? _____

What is your interest in gravel, aggregates, etc.? _____

If applying for a group membership,, describe your group (group's name, website URL if any, location, contact person's name and email if different than above, etc.)

Signature _____

Email this completed application form to: Elaine La Chappelle, gwo2@bell.net or call 905-320-7568 for mailing information.

Note: all membership applications must be approved by the GWO Board of Directors.
Make cheque payable to Gravel Watch Ontario