



Membership Application Form

Date: _____

Name: _____

Address: _____

Phone _____

E-mail _____

1 Year \$10

Would you be interested in being on our volunteer list?

For a complete description of volunteer opportunities
please see our website at www.cabbagetownpa.ca
and hit the "we need volunteers" button.

Yes, please contact me _____

Would you like to make a tax-deductible donation? \$ _____

Mail completed form to and payment to:

Cabbagetown Preservation Association

PO Box 82808

RPO Cabbagetown

467 Parliament Street

Toronto, ON M5A 3Y2