



THE HAMILTON ASSOCIATION FOR THE ADVANCEMENT OF LITERATURE, SCIENCE AND ART
Membership Application & Donation Form — Fall 2009 to Summer 2010 Copy 1, for HAALSA

Name: _____ Mr, Ms, Mrs or _____ Date: ____/____/____
dd Mmm yy
 Address: _____
 _____ Prov: _____ Postal Code: _____ Tel: (_____) _____ - _____
 E-mail: _____

For Membership (required)
 Annual Single @ \$ 15. \$ _____
 Annual Household @ \$ 20. \$ _____
 One-time Life @ \$100. \$ _____

Please make your cheque payable to:
The Hamilton Association
 Mail to:
The Treasurer, The Hamilton Association
42 Head St
Hamilton, ON L8R 1P9

Additional amount(s) for.. (optional)
 Maitland Banting Silver Quill Award. \$ _____
 Science Fair (da Vinci) Award.. \$ _____
 Young Poet's Award. \$ _____
 Other (not tied to an award). \$ _____
Total donation (cash | cheque # _____) \$ _____

All donations are tax deductible. A receipt for tax purposes will be issued at the end of the current calendar year.

For Treasurer's use: _____ Date received: _____ Date Processed: _____



THE HAMILTON ASSOCIATION FOR THE ADVANCEMENT OF LITERATURE, SCIENCE AND ART
Membership Application & Donation Form — Fall 2009 to Summer 2010 Copy 2, for your records

Name: _____ Mr, Ms, Mrs or _____ Date: ____/____/____
dd Mmm yy
 Address: _____
 _____ Prov: _____ Postal Code: _____ Tel: (_____) _____ - _____
 E-mail: _____

For Membership (required)
 Annual Single @ \$ 15. \$ _____
 Annual Household @ \$ 20. \$ _____
 One-time Life @ \$100. \$ _____

Please make your cheque payable to:
The Hamilton Association
 Mail to:
The Treasurer, The Hamilton Association
42 Head St
Hamilton, ON L8R 1P9

Additional amount(s) for.. (optional)
 Maitland Banting Silver Quill Award. \$ _____
 Science Fair (da Vinci) Award.. \$ _____
 Young Poet's Award. \$ _____
 Other (not tied to an award). \$ _____
Total donation (cash | cheque # _____) \$ _____

All donations are tax deductible. A receipt for tax purposes will be issued at the end of the current calendar year.

For Treasurer's use: _____ Date received: _____ Date Processed: _____



Instructions

1. Complete copy 1.
 Please print clearly.
 Check all information for accuracy. Please leave the box in the top-left corner empty.
 If mailing-in your donation, please pay by cheque (not post-dated). Do not mail cash.
2. Complete and retain copy 2 for your records (optional)
3. Return copy 1 and your donation to HAALSA, either at our next public lecture or by mail to the address shown above.