Canadian Friends of Finland – Ottawa Membership Form www.canadianfriendsoffinland.ca

	Contact Information
Name:	
Street Address:	
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Province:	Postal Code:
Email:	If no email address please mark X
	Membership Type (Check box)
\square Single or Primary Family M	ember \$25
\square Each Additional Family Mer	mber (at same address as Primary) \$15
	Membership Status (Check box)
☐ New Membership	
☐ Renewal	
Please send your cheque to:	
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