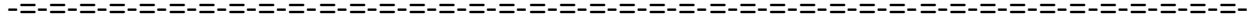




**Please complete this form  
When renewing your membership**

Thank you,  
Brenda Kelly, Membership Chairperson  
Fenelon Falls Legion, Branch 238



Name: \_\_\_\_\_

Membership #: \_\_\_\_\_

Mailing address: \_\_\_\_\_



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

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

Phone Number: \_\_\_\_\_

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

I give permission for Fenelon Falls Legion Br. 238 to add me to their email list.

Signature: \_\_\_\_\_