

**Please Note: Your
email address will be
kept confidential and
WILL NOT be
shared/sold**



Please circle

Cash Cheque

1 yr 3 yr 5 yr

Date: _____

MEMBERSHIP APPLICATION/RENEWAL

(for renewals, enter your LP address and any changes to your information)
(please print)

LONG POINT ADDRESS

Primary Name _____

Spouse/Co-owner _____

Address _____ Port Rowan, ON, N0E 1MO

Email(s) _____ Phone _____

Other LP Property that you own (if applicable)

MAILING (PRIMARY) ADDRESS Same as above (please circle if applicable) or

Address _____ City _____

Province/State _____ Postal/Zip Code _____ Phone _____

Emergency Contact Number (if we cannot contact you)

Do you consent to receive emails from the LPRA?(eg. Newsletters, updates, etc.)

YES NO (please circle)

Would you be willing and able to serve as an LPRA Director if requested?

YES NO (please circle)

Do you have security surveillance cameras and would you be willing to share the video if requested by the OPP in the course of an investigation?

YES NO (please circle)

**PLEASE COMPLETE THE ABOVE AND SEND IT WITH PAYMENT TO THE
ADDRESS AT THE TOP**

1 Year Membership is \$20 3 Year Membership is \$60 5 Year Membership is \$100