

NATIONAL CAPITAL

Opera Society

Membership Form

	Amount
Annual Membership - \$20	\$ _____
Donation	\$ _____
(A receipt for income tax purposes will be provided for donations of \$50 or more.)	
Total	\$ _____

Member Name _____

Payment options:

1. E-transfer to President@ncos.ca
2. Cheque payable to National Capital Opera Society
3. Credit card, using the "Donate Now" button on the membership page of the ncos.ca website

Member contact details:

(For renewing members, only changes to contact details required)

Address _____

City _____ Province _____ Postal Code _____

Email _____

Telephone _____

Return form to the President, NCOS

Email: president@ncos.ca

Address: Mark Robinson, 101-1035 Bank Street, Ottawa, ON K1S 5K3

Cell: 613-852-3524

Charitable Organization BN 12589 8304 RR 0001