



The Architectural
Conservancy
of Ontario
www.arconserv.ca

403 -10 Adelaide St East
Toronto, ON M5C 1J3
416-367-8075
toll free 877-264-8937
fax 416-367-8630
info@arconserv.ca

Registered Charity
10807 1556 RR0001

Brantford-Brant County
Chatham-Kent
Clarington
Cobourg
Collingwood
Credit and Humber
Watershed
East Northumberland
Guelph-Wellington
Hamilton Region
Heritage Cambridge
Georgian Bluffs
Meaford
London Region
Muskoka
North Waterloo Region
Peterborough
Port Hope
Provincial Office
Quinte Region
Simcoe County
South Bruce-Grey
St. Catharines
St. Thomas-Elgin
Stratford-Perth County
Toronto
Windsor Region

Incorporated in 1933 to
preserve buildings and
structures of architectural
merit and places of natural
beauty and interest

The Architectural Conservancy of Ontario

Yes, I want to speak up for Ontario buildings and structures of architectural merit and places of natural beauty.

Application for New Membership or Membership Renewal

Please check one:

 New OR Renewal

Please check one:

 Individual \$35 Household \$40
 Full time student \$12 Associate (Previously Non-Profit) \$45
 Corporate \$60

Please check one:


 Branch Member OR Provincial Member

Branch Name:

Note: As a branch member you automatically receive all the benefits of provincial membership. Provincial membership is for those whose community does not have a branch or for those who have a province-wide interest.

Thank you for your application for membership. We appreciate your interest and support and look forward to your participation.

Please note that our by-laws require consideration of all membership applications at the next meeting of ACO Council. Approval requires that applicants support the objectives of the Architectural Conservancy of Ontario.

 I support the objectives of the Architectural Conservancy of Ontario.

Please send your cheque made payable to the Architectural Conservancy of Ontario either to the branch (see branch web page on this site for address) or to the provincial office at the address listed. Where eligible, a charitable tax receipt will be issued for memberships.

If you would prefer to pay for membership or donation by VISA or MasterCard call 416-367-8075 or toll free 1-877-264-8937.

Mr. Mrs. Miss Ms. Dr No Title

First Name Last Name.....

Address

.....Postal Code.....

Phone

E-Mail

Registered Charity 10807 1556 RR0001