



LCF Membership Registration Form

Lohana Charitable Foundation of Toronto

PO Box 927, Toronto, ON, M5C 2K3

www.mylohana.com

Email: info@mylohana.com

Contact Information

DATE _____ EVENT _____

FULL NAME - PRIMARY HOUSEHOLD CONTACT _____ SPOUSE NAME (IF APPLICABLE) _____

ADDRESS _____ CELL PHONE _____ HOME PHONE _____

CITY _____ PROVINCE _____ POSTCODE _____ COUNTRY _____ E-MAIL _____

Membership Information

MEMBERSHIP	CHECK BOX	PRICE \$	# IN HOUSEHOLD	TOTAL DUE \$
Lifetime Membership	Life			
Annual Household Membership	2018			
** Annual membership dues are required to be paid by Life & Annual Members alike **				
Consider our annual sponsorship plans for additional benefits - visit www.mylohana.com				
Notes for applications:				

Household #	First Name	Last Name	Dietary Restrictions	Cell Number	Email
1					
2					
3					
4					
5					
6					

We are subscribing membership for the first time (Yes/No):

Payment Information

Please fill in this form and send to info@mylohana.com. **You will receive an email invoice with a link for payment.** Kindly ensure your email and cell number are completed in the Contact Information section above (below logo).

I hereby agree to the terms of sale and authorize Lohana Charitable Foundation of Toronto to process my payment(s) for the item(s)/products/services provided to me.

Please Note:

Membership Benefits: Member benefits are only for registered adults & children living at the household.

- Discounted admission to LCF annual events (excluding some Special Events)
- Free entry to selected LCF events
- Access to Directory registration, emails, newsletters and auto-dial phone announcements

Registration: Print and mail your form in, or scan and email it to us.