

## INDIVIDUAL MEMBERSHIP FORM

*Please Print*

Date \_\_\_\_\_

NAME \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ Prov. \_\_\_\_\_ P.C. \_\_\_\_\_

I support and will act in accordance with the VRWA Vision & Mission **YES**

**VISION:** The Vermilion River Basin is a healthy and sustainable watershed.

**MISSION:** To support stakeholder engagement that fosters a collaborative approach working towards a sustainable watershed.