



Cobourg Taxpayers Association

Making Local Government Accountable

SUPPORTER APPLICATION FORM

(Please Print)

Date: _____

www.cobourgtaxpayers.ca

*First Name: _____ *Surname: _____

*Address: _____ *Town _____

*Postal Code: _____

Telephone: _____

Email Address: _____

I would like to receive the newsletter & updates Yes No

***REQUIRED**

Additional Household Members over the age of 18 years to be added as supporters

Other comments

I consent to be sent email messages and I understand this consent can be withdrawn at any time.

For more information, please email us at info@cobourgtaxpayers.ca