

**2017**  
**Membership Application/Renewal**

Date: \_\_\_\_\_ Renewal \_\_\_\_\_ New Membership? \_\_\_\_\_

Name (s): \_\_\_\_\_  
\_\_\_\_\_

**Membership category (please check one)**

\_\_\_\_\_ Family (\$20) \_\_\_\_\_ Couple (\$15) \_\_\_\_\_ Individual (\$10)

**Member information** No change \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_

Telephone: (\_\_\_\_\_) - (\_\_\_\_\_) - (\_\_\_\_\_)

Email Address: \_\_\_\_\_

Check here if you do NOT wish to receive email notifications \_\_\_\_\_

Would you also like to make a donation? Amount \_\_\_\_\_

Would you like a tax receipt for your donation? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to volunteer with the Museum? Yes \_\_\_\_\_