

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 _____