



BC MUSEUMS ASSOCIATION

APPLICATION FOR INSTITUTIONAL MEMBERSHIP

Date: _____

Name of Institution: _____

Website: _____

Name of Governing Body: _____

Primary Contact Person: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Country _____

Direct Tel: _____ General Tel: _____ Toll-Free _____

Direct Email: _____ Admin Email: _____

Secondary Contact Person: _____

Secondary contact email: _____

BC Society Registration #: _____ Federal Charitable Registration #: _____

Other Current Affiliations: _____

MEMBERSHIP FEE:

New Institutional (IM) Membership (1st year introductory fee) (No GST) \$ 80.00

Upon renewal your fee will be a percentage of your operating budget:

*Example: \$Budget.00 x .001 = Membership Fee**

** If your calculated membership fee is less than \$80.00, your fee will be the **minimum of \$80.00***

** If your calculated membership fee is more than \$550.00, your fee will be the **maximum of \$550.00***

PAYMENT OPTIONS:

Cheque payable to **BC Museums Association**

Charge to Visa / Mastercard

Credit card payment authorization

Name of Cardholder: _____

Credit card number: _____

Expiry date: _____

Authorized amount: _____

Cardholder's signature: _____

MAIL THIS FORM WITH YOUR PAYMENT TO:

BC Museums Association, 675 Belleville Street, Victoria, BC, V8W 9W2,

OR SCAN AND EMAIL TO:

members@museumsassn.bc.ca

Your membership is activated upon receipt of payment. Credit card receipts will be emailed. All other receipts will be mailed.

THANK YOU!