

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Other Current Affiliations: \_\_\_\_\_

**MEMBERSHIP FEE:**

- |                          |   |          |                 |
|--------------------------|---|----------|-----------------|
| <input type="checkbox"/> | Individual (VM) Membership (2 year term)<br><i>(Employees or retired employees of museums, galleries, historic sites, etc)</i> <b>Upon renewal, dues will be \$50 annually.</b> | (No GST) | <b>\$ 60.00</b> |
| <input type="checkbox"/> | Student/Volunteer (SM) Membership (2 year term)<br><i>(Current students, volunteers in museums, galleries, historic sites)</i> <b>Upon renewal, dues will be \$30 annually.</b> | (No GST) | <b>\$ 40.00</b> |

Student Number: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Institution at which you volunteer: \_\_\_\_\_

- |                          |   |  |          |
|--------------------------|---|--|----------|
| <input type="checkbox"/> | Donation to the BC Museums Association<br><i>(Official tax receipt will be issued separately)</i> |  | \$ _____ |
|--------------------------|---|--|----------|

<b>TOTAL ENCLOSED (CDN FUNDS):</b>	\$ _____
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**PAYMENT OPTIONS:**

- |  |  |
|--|--|
| <input type="checkbox"/> Cheque payable to <b>BC Museums Association</b> | <input type="checkbox"/> 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.  
Membership cards will be mailed.*

**THANK YOU!**