

Application for Affiliate Membership - Individual

Non-Voting – individuals who earn income through contracts, service provision etc., for museums, galleries or related heritage or cultural institutions.

Date: _____

Name: _____

Type of service provided: _____

Mailing Address: _____

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

Direct Tel: _____ Ext: _____ Direct Email: _____

Website: _____

Other Current Affiliations: _____

MEMBERSHIP FEE:

- | | | | |
|--------------------------|--|----------|-----------------|
| <input type="checkbox"/> | Affiliate (AIM) Membership – Individual | (No GST) | \$ 50.00 |
| <input type="checkbox"/> | Donation to the BC Museums Association
<i>(Official tax receipt to be issued separately)</i> | | \$ _____ |
| | TOTAL ENCLOSED (CDN. Funds): | | \$ _____ |

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.
Your membership card will be mailed.*

THANK YOU!