

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***

- Donation to the BC Museums Association** \$ _____

(Official tax receipt issued separately)

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.
Membership cards will be mailed to both contacts listed on this form.
THANK YOU!