

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: _____ Direct Email: _____

Website: _____

Other Current Affiliations: _____

Facebook (optional): _____ Twitter (optional): _____

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

<i>Credit card payment authorization</i>	
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!