

Date: _____

Name: _____

Your Mailing Address: _____

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

Tel: _____ Email: _____

Other Current Affiliations: _____

Job Title (optional): _____ Employer (optional): _____

Personal Website (optional): _____ Twitter (optional): _____

MEMBERSHIP FEE:

- | | | | |
|------------------------------------|---|----------|-----------------|
| <input type="checkbox"/> | Individual Membership
<i>(Employees or retired employees of museums, galleries, historic sites, etc)</i> | (No GST) | \$ 50.00 |
| <input type="checkbox"/> | Student Membership
<i>(Current students at any education institution)</i>
Student Number: _____
Educational Institution: _____ | (No GST) | \$ 30.00 |
| <input type="checkbox"/> | Volunteer Membership
<i>(Current volunteers in museums, galleries, historic sites)</i>
Institution at which you volunteer: _____ | (No GST) | \$ 30.00 |
| <input type="checkbox"/> | Donation to the BC Museums Association
<i>(Official tax receipt will 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.
Membership cards will be mailed.*

THANK YOU!