

| Application for New M   | embership              | ☐ New Member |
|---|------------------------|--------------|
| Name  |                        |              |
| Address   |                        |              |
| City  | Province               |              |
| Postal Code Ph  | one Number             |              |
| Email   |                        |              |
| Mailing List Yes No  By confirming your subscription to email, you are granting the U permission to email you. You can revoke permission at any time email. |                        |              |
| Type of Membership  Individual \$20   Family \$45   S   | Student \$10 \$        |              |
| Additiona   | l Donation \$ .        |              |
| Total   | al Enclosed \$ .       |              |
| Volunteering  |                        |              |
| Do you wish to be contacted for voluntee  | r opportunities? 🗌 Yes | □No          |
| Please indicate area(s) of interest or expe   | ertise:                |              |
| □ Exhibits  | Fundraising            |              |
| School or Tour Groups   | Care of Artifacts      |              |
| ☐ Creating Items for Museum Gift Shop   | ☐ Public Relations     |              |
| Community Special Events  | Other:                 |              |