

MUSEUM MEMBERSHIP APPLICATION FOR 2010



Please indicate your Membership:

Museum Membership Type	Amount	Please (✓)
Individual Membership	\$35.00	<input type="radio"/>
Dual Membership (2 related individuals)	\$50.00	<input type="radio"/>
Sub-total (A)	\$	
Please indicate if you are a student or senior: (You will enjoy a \$10 discount off the regular membership price)		
Student Membership (Currently enrolled in recognized academic program/school)		<input type="radio"/>
Senior Membership (For those 60+ years of age and older)		<input type="radio"/>

Would you like to make a donation in addition to the Membership fee to become involved in the Museum's Gift Circle?

Gift Circle Name	Contribution Level	How much would you like to donate? (provide detail below)
Friends	\$100 - \$249	
Partners	\$250 - \$499	
Associates	\$500 - \$999	
Patrons *	\$1,000+	
	I prefer to contribute:	
Sub-total (B)		\$

* We would be pleased to discuss with Patrons the options available in becoming a Sustaining Patron.

Total		
Membership Fee (sub-total A)		\$
<i>If you are a student or senior -- Deduct \$10.00</i>	-	\$
Plus Your Donation (sub-total B)	+	\$
Total (A+B)		

Title: Dr. Mr. Mrs. Ms. Other : _____

Name(s): _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Telephone Number: _____ Email Address: _____

Please issue donation receipt to: _____

Please return your completed application with your cheque payable to: Museum of Health Care at Kingston

An official receipt for any donations will be sent to you acknowledging your dedication to the Museum of Health Care

For further information please contact us by: Phone: (613) 549-6666 ext. 3915, email (ilicm@kgh.kari.net) or website (www.museumofhealthcare.ca)

		Please (✓)
If applicable, please answer:	I do not want to receive information about the Museum news and events.	<input type="radio"/>
	I want my Museum Membership to remain anonymous.	<input type="radio"/>

ANN BAILLIE BUILDING NATIONAL HISTORIC SITE

32 George Street, Kingston, Ontario, K7L 2V7 Phone: 613-548-2419 Fax: 613-548-6042 Email: museum@kgh.kari.net Web: www.museumofhealthcare.ca
Charitable Registration Number: 87790 3989 RR0001