

2015 Membership Form

Bringing Canada's healthcare story to life!



Step 1: Your information

Title: Dr. Mr. Mrs. Ms. Other: _____
Name(s): _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Telephone Number: _____ Email: _____

Please issue donation receipt to: _____
An official receipt for your donation will be sent to you acknowledging your dedication to the Museum of Health Care.

Step 2: Membership type

- New
- Renewal
- Gift Membership

For Gift Memberships only:
Recipient name(s): _____
Address: _____ City, Province: _____
Postal Code: _____ Phone: _____
Email: _____

Step 3: Membership levels

- Individual Membership \$35
- Dual Membership (2 related individuals) \$50
- Senior or Student Membership (60+ years of age / full-time students*) \$25
- Dual Senior or Dual Student Membership \$40
- Corporate Membership \$50

*Currently enrolled in a recognized academic program/school.

Step 4: Gift Circle recognition (bestowed on members that make an additional contribution)

- Friends \$100-\$249 \$ _____
- Partners \$250-\$499 \$ _____
- Associates \$500-\$999 \$ _____
- Patrons** \$1000+ \$ _____
- I prefer to contribute: \$ _____

**We would be pleased to discuss the option of becoming a Patron.

Step 5: Total (of steps 3 and 4) \$ _____

Step 6: Please complete the following

Preferred method of communication: Mail Email
If applicable, please answer:
 I wish to subscribe to the BAILLIEbytes e-newsletter
 I wish to subscribe to the Family Programs E-notices
 I wish to subscribe to the E-newsletter for educators
 Please contact me about Museum volunteering opportunities
 Please send me information about leaving a gift in my will
 Please do not contact me about Museum Events

Step 7:

Please return your completed form with your cheque payable to:
Museum of Health Care at Kingston
32 George Street, Kingston, ON K7L 2V7

We value your input
Please let us know if there are programs, exhibits, or other services you'd like the Museum of Health Care to offer.

Thank you for your support!