

# 2018 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!**