

MEMBERSHIP FORM

Bringing Canada's healthcare story to life!



Step 1: APPLICATION TYPE

New Renewal Gift Membership

If this is a **Gift Membership**, please fill out the recipient's information:

Name(s): _____
Address: _____ City, Province: _____ Postal Code: _____
Phone: _____ Email: _____

Step 2: MEMBERSHIP LEVELS

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

*Currently enrolled in a recognized academic program/school.

Step 3: GIFT CIRCLE DONATIONS

- 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 Sustaining Patron.

Step 4: TOTAL (OF STEPS 2 AND 3)

\$ _____

Step 5: 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 6: PLEASE COMPLETE THE FOLLOWING

Preferred method of communication: Mail Email

If applicable, please answer:

- I do not want to receive information about Museum news and events.
- I want my Museum Membership to remain anonymous.
- Please send me information about how to leave a gift in my will to the Museum of Health Care.

Please return your completed application with your cheque payable to:

Museum of Health Care at Kingston
32 George Street, Kingston, ON K7L 2V7

THANK YOU FOR YOUR SUPPORT

For further information please contact us:

ANN BAILLIE BUILDING NATIONAL HISTORIC SITE

32 George Street, Kingston, Ontario, K7L 2V7 Phone: 613-548-2419 Email: museum@kgh.kari.net Web: www.museumofhealthcare.ca

Charitable Registration Number: 87790 3989 RR0001