2017 Membership FormBringing Canada's healthcare story to life!

Step 1: Your information		TEALTH CARE AT KINGSTON
Title: O Dr. O Mr. O Mrs. O 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		
0	For Gift Memberships only:	
New	Recipient name(s):	
Renewal	Address:	City, Province:
Gift Membership	Postal Code: Phone:	
	Email:	
Step 3: Membership levels		Step 4: Gift Circle recognition (bestowed on members that make an additional contribution)
O Individual Membership	\$35	Friends \$100-\$249 \$
Dual Membership(2 related individuals)	\$50	O Partners \$250-\$499 \$
Senior or Student Membership \$25 (60+ years of age / full-time students*)		Associates \$500-\$999 \$
O Dual Senior or Dual Student Membership \$40		Patrons** \$1000+ \$
Corporate Membership	\$50	I prefer to contribute: \$
*Currently enrolled in a recognized academic program/school.		**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:		
If applicable, please answer:		
I wish to subscribe to the BAILLIEbytes e-newsletter		O Please contact me about Museum volunteering opportunities
I wish to subscribe to the Family Programs E-notices		Please send me information about leaving a gift in my will
I wish to subscribe to the E-newsletter for educators		Please do not contact me about Museum Events
wit	turn your completed form h your cheque payable to:	We value your input Please let us know if there are programs, exhibits, or other services you'd like the Museum of Health

Thank you for your support!

32 George Street, Kingston, ON K7L 2V7

Care to offer.