

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: _____

(Members receive an exclusive e-newsletter every month! Make sure to check "Yes!" on step 6!)

Please issue receipts to (name): _____

(A receipt, acknowledging your dedication to the Museum of Health Care, will be sent.)

Step 2: Membership Type

New

Renewal

Gift Membership
(purchase a membership for someone else)

**Giving a Gift Membership? Please fill in the info below:*

Recipients Name(s): _____

Address: _____

City, Province: _____ Postal Code: _____

Email: _____ Phone: _____

Step 3: Membership Level

- Individual Membership.....\$35.00
- Dual Membership.....\$50.00
(2 related individuals)
- Senior or Student Membership.....\$25.00
(60+ years of age / full-time students)
- Dual Senior Membership.....\$40.00
- Corporate Membership.....\$50.00

Step 4: Gift Circle Recognition

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

**Complimentary Membership Included at Patron Level!*

Step 5: Total

Step 3 + Step 4

=

\$ _____

Step 6: Newsletter & Mailing

Yes! Add me to the Members Only & General e-Newsletter group! (Make sure to include your email above!)

I would like to receive my receipts and renewal notices by: Email Mail**

**Note: Only receipts and renewals will be sent by mail. Newsletters are email only.

Step 7: Send!

Please return your completed form with cheque payable to:

Museum of Health Care at Kingston
32 George Street (Ann Baillie Building)
Kingston ON, K7L 2V7

