



Registration Form

Renewal

New Member

Gift

Name: _____

Miss Ms. Mrs. Mr. Dr.

Address: _____

City, Province, Postal Code: _____

Telephone: _____ Fax: _____

Year of Birth (for statistics only so that we may improve our programs and activities): _____

Email: _____

Gift offered by:

Name: _____

Miss Ms. Mrs. Mr. Dr.

Address: _____

City, Province, Postal Code: _____

Telephone: _____ Fax: _____

Names for membership cards:

Cardholder: _____ Spouse: _____

Extra adult: _____ Extra adult: _____

Child 1: _____ Child 2: _____

Child 3: _____ Child 4: _____

Child 5: _____ Child 6: _____

Please include children's ages.

Please be sure to include your email address to receive our electronic bulletin.

Thank you for filling out all the fields.



Registration Form

Please indicate your choice	DUO		SOLO**	
	One year	Two years	One year	Two years
Seniors	<input type="radio"/> \$55	<input type="radio"/> \$99	<input type="radio"/> \$45	<input type="radio"/> \$90
Students	<input type="radio"/> \$55	<input type="radio"/> \$99	<input type="radio"/> \$45	<input type="radio"/> \$90
Adults	<input type="radio"/> \$85	<input type="radio"/> \$140	<input type="radio"/> \$75	<input type="radio"/> \$120
Families*	<input type="radio"/> \$99	<input type="radio"/> \$170	<input type="radio"/> \$90	<input type="radio"/> \$150
Grandparents	<input type="radio"/> \$99	<input type="radio"/> \$170	<input type="radio"/> \$90	<input type="radio"/> \$150
Patron Circle*	<input type="radio"/> \$150	-	<input type="radio"/> Canadian Museum of Civilization	
Honour Circle*	<input type="radio"/> \$300	-	<input type="radio"/> Canadian War Museum	
Curator Circle*	<input type="radio"/> \$600	-		

Prices in effect as of January 1, 2005 and subject to change without notice. Tax regulations do not allow us to issue tax receipts for membership fees.

* Additional members: \$10 per adult; \$ 5 per child. Restrictions apply. Please verify with the membership desk.

** Solo membership privileges apply only to the chosen museum

Correspondence in: English French

Donations

Yes, I would like to support the Museum \$ _____ (a tax receipt will be issued for this amount only).

Payment

Cheque (payable to the Canadian Museum of Civilization) MasterCard Visa American Express

Card Number: _____ Expiration Date: _____

Total Payment: \$ _____ (including additional members and donations)

Signature: _____