

## Personal Information

Name 1 \_\_\_\_\_

Title First name Last name

Name 2 \_\_\_\_\_

Title First name Last name

Address

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## Membership

I'd like to support the Whyte Museum of the Canadian Rockies by becoming a member.

Individual [one adult up to 65 years] \$30 1 year  \$55 2 years

Senior [one adult 65+] \$15 1 year  \$28 2 years

Family [two adults and their children up to 18 years] \$45 1 year  \$85 2 years

Senior Couple [two adults 65+] \$30 1 year  \$55 2 years

## Donation

I'd like to support the Whyte Museum of the Canadian Rockies with my donation.

\$100  \$75  \$50  \$25  \$10  Other \$ \_\_\_\_\_

Please indicate if there is a specific program or collection you wish to support:

\_\_\_\_\_

Please indicate the name you wish to appear in acknowledgements (or if you prefer to remain anonymous):

\_\_\_\_\_

## Payment

Enclosed is a cheque for \$ \_\_\_\_\_ or please charge my Visa / MC / Amex (circle card type)

Card number \_\_\_\_\_

Expiry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_