



**Canadian Federation of Friends of Museums
Fédération canadienne des amis de musées**

MEMBERSHIP APPLICATION FORM

Please select the type of membership you would like to apply for:

<u>Supporters</u>	<u>Organizations</u>
<i>(Individuals, corporations, foundations and professional and other associations who make an annual contribution to support CFFM objectives)</i>	<i>(Friends' Organizations, Boards of Trustees, Volunteer Committees)</i>
<input type="checkbox"/> Student \$25 + <input type="checkbox"/> Friend \$40 + <input type="checkbox"/> Supporter \$100 + <input type="checkbox"/> Associate \$250 + <input type="checkbox"/> Patron \$500 + <input type="checkbox"/> Benefactor \$1000 +	<input type="checkbox"/> Under 100 members \$50 <input type="checkbox"/> 100 - 500 members \$75 <input type="checkbox"/> 500 - 1000 members \$100 <input type="checkbox"/> 1000 - 5000 members \$150 <input type="checkbox"/> Over 5000 members \$200
Optional Donation: \$ _____	

FOR ORGANIZATIONS, PLEASE INDICATE ACTUAL NUMBER OF MEMBERS: _____

Name _____

Name of Organization (if applicable): _____

Address _____

E-mail _____ Telephone (_____) _____

Fax (_____) _____

I am interested in volunteering for CFFM:

Preferred language: English French

I/We prefer to receive the Au courant newsletter: by mail by e-mail

We would like to distribute as much information as possible by e-mail. Please provide us with an e-mail address.

Signature _____ Date _____

It is CFFM's policy to respect and protect personal information and an individual's right to privacy in compliance with current legal requirements.

Please return this form with your cheque, payable to CFFM. A tax receipt will be issued.