



BECOME A MEMBER (APPLICATION FORM)

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Telephone: _____

E-mail: _____
(Receive your *Newsletter* and other informations by Internet)

New Member Renewal

**In which language do you wish to receive
your correspondence:**

French English

Areas of Interest:

- | | |
|---|---|
| <input type="radio"/> Fundraising | <input type="radio"/> Office Work |
| <input type="radio"/> Writing | <input type="radio"/> Translation |
| <input type="radio"/> Education | <input type="radio"/> Research |
| <input type="radio"/> Museology | <input type="radio"/> Exhibits Mounting |
| <input type="radio"/> Others (specify): | |

Membership Fees:

- | | |
|---|--|
| <input type="radio"/> Individual (\$20) | <input type="radio"/> Family (\$25) |
| <input type="radio"/> Organization (\$50) | <input type="radio"/> Student (\$15) |
| <input type="radio"/> Senior (\$15) | <input type="radio"/> Patron (\$50 and more) |
| <input type="radio"/> Donation: | |

**Please make your cheque payable to
the "Symmes Inn Museum"
and mail it with this membership application to:**

**MEMBERSHIP COMMITTEE
SYMMES INN MUSEUM
P. O. BOX 3 1 1 (AYLMER)
GATINEAU, QUEBEC J9H 5E6**

Tax receipts will be provided for donations of \$20 or more.

Date: _____

Signature: _____