



WORKERS' HISTORY MUSEUM Membership Application Form

NAME: *please print clearly* _____

ADDRESS: _____

City/ Province: _____

Postal Code: _____

TELEPHONE NUMBER:
(Home) _____ **(Work)** _____

E-MAIL ADDRESS: *please print clearly* _____

ORGANIZATION/POSITION: _____

How would you like to support us?

_____ Individual membership, Regular: 1 year - \$20.00 / 2 years - \$35.00

_____ Individual membership, Student / Senior / Unwaged: 1 year - \$10.00 / 2 years - \$15.00

_____ Institutional membership: 1 year - \$100.00 / 2 years - \$180.00

Would you like to further support the WHM with a donation? No _____ Yes (Amount) _____
Charitable Registration Number 841465115RR0001

How would you like to pay? Cash _____ Cheque _____

How would you like to be contacted?

_____ **By mail** _____ **By e-mail** _____ **Don't contact me**

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Signature: _____ **Date:** _____

Please note that all information is held strictly for Workers' History Museum membership records only. It will be kept confidential.

Mail to: Workers' History Museum, P.O. Box 4461, Station E, Ottawa, ON, K1S 5B4