



Membership Application
Cranbrook Archives, Museum & Landmark Foundation

First Name _____ Initial _____

Last Name _____

Address _____

City _____ Province _____

Postal Code _____

E-Mail Address _____
(please print clearly – this is our main method of communication with our members)

Phone Number _(_____)_____

Membership Type

- \$35.00 Adult (we don't judge)
- \$50.00 Family (2 adults & up to 4 children under age 18)
- \$20.00 Senior (65 years of age and older)
- \$15.00 Student (with valid student ID shown at the door)
- \$_____ additional donation (not required but would be nice)

Thank you for your membership.

Drop this form off with your payment at 57 Van Horne Street or
Mail this form with your payment to PO Box 400, Cranbrook BC V1C 4H9

Office Use Only

Date Received _____ cash cheque credit card

Date Processed _____ Total \$ Received _____