



Membership Application

Cranbrook Archives, Museum & Landmark Foundation

*** Family Membership ***

First Name: _____ Last Name: _____

Additional Adult Name: _____

Children Names: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone Number (_____) _____

E-Mail Address _____

(please print clearly – this is our main method of communication with our members)

Membership Type

- \$75.00 Family (2 adults & all children 6-18 living in the household)
- \$45.00 Single Parent Family (1 adult & all children 6-18 living in the household)

Additional donation (not required but would be nice) \$ _____

Total: \$ _____

How would you like us to contact you about upcoming events and news? (Choose all that apply)

- Phone
- Email

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 _____