



## Membership Application

Cranbrook Archives, Museum & Landmark Foundation

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Additional Member 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

- \$35.00 Adult
- \$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) \$ \_\_\_\_\_

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 \_\_\_\_\_