



Membership Application

Cranbrook Archives, Museum & Landmark Foundation

First Name: _____ Last Name: _____

Additional Member Names: _____

Address: _____ City: _____

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

E-Mail Address: _____

I do not wish to receive the monthly membership newsletter

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) \$ _____
- \$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) \$ _____

Donation (not required but appreciated) \$ _____

Total: \$ _____

Thank you for your support

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 _____ Initial _____