

# 2014 Membership Form

Bringing Canada's healthcare story to life!



## Step 1: Your information

Title:  Dr.  Mr.  Mrs.  Ms.  Other: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please issue donation receipt to:** \_\_\_\_\_

An official receipt for your donation will be sent to you acknowledging your dedication to the Museum of Health Care.

## Step 2: Membership type

- New
- Renewal
- Gift Membership

**For Gift Memberships only:**

Recipient name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Step 3: Membership levels

- Individual Membership \$35
  - Dual Membership (2 related individuals) \$50
  - Senior or Student Membership (60+ years of age / full-time students\*) \$25
  - Dual Senior or Dual Student Membership \$40
  - Corporate Membership \$50
- \*Currently enrolled in a recognized academic program/school.

## Step 4: Gift Circle recognition (bestowed on members that make an additional contribution)

- Friends \$100-\$249 \$ \_\_\_\_\_
  - Partners \$250-\$499 \$ \_\_\_\_\_
  - Associates \$500-\$999 \$ \_\_\_\_\_
  - Patrons\*\* \$1000+ \$ \_\_\_\_\_
  - I prefer to contribute: \$ \_\_\_\_\_
- \*\*We would be pleased to discuss the option of becoming a Patron.

## Step 5: Total (of steps 3 and 4) \$ \_\_\_\_\_

## Step 6: Please complete the following

Preferred method of communication:  Mail  Email

If applicable, please answer:

- I **do not** want to be notified about Museum news and events.
- I **do** want to be notified about Museum news and events.
- Please contact me about Museum volunteering opportunities.
- I want my Museum Membership to remain anonymous.
- Please send me information about leaving a gift in my will to the Museum of Health Care.

## Step 7:

**Please return your completed form with your cheque payable to:**  
Museum of Health Care at Kingston  
32 George Street, Kingston, ON K7L 2V7

**We value your input**  
Please let us know if there are programs, exhibits, or other services you'd like the Museum of Health Care to offer.

**Thank you for your support!**