



CULTURAL SERVICES DIVISION

Judith & Norman ALIX Art Gallery  
147 Lochiel Street  
Sarnia, Ontario N7T 0B4  
Telephone: 519-336-8127  
Fax: 519-336-8128  
[www.jnaag.ca](http://www.jnaag.ca)



## MEMBERSHIP

new  renew  rejoin  gift

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 519.336.8127 ext.3231 | [yesenia.samuel@county-lambton.on.ca](mailto:yesenia.samuel@county-lambton.on.ca)

### MEMBERSHIP INFORMATION

	Last	First	Initial	Title
Member (primary)				<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr
Member (couple and family memberships only)				<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr

### FAMILY MEMBERSHIP INFORMATION ONLY

	Child's Name	Month of Birth	Year of Birth
Child 1			
Child 2			
Child 3			
Child 4			

### CONTACT INFORMATION

First Name:		Last Name:	
Address:		City:	Province:
Postal Code:	Phone:	Email:	
<input type="checkbox"/> YES! I would like to sign up to the eNews for monthly updates on Gallery events and programs			



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# MEMBERSHIP

## MEMBERSHIP PROGRAM

	1 YEAR	2 YEAR		
Individual	<input type="checkbox"/> \$20	<input type="checkbox"/> \$35	AJ Casson	<input type="checkbox"/> \$100
Senior (60+)	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25	Emily Carr	<input type="checkbox"/> \$250
Couples	<input type="checkbox"/> \$25	<input type="checkbox"/> \$45	Tom Thomson	<input type="checkbox"/> \$500
Family	<input type="checkbox"/> \$30	<input type="checkbox"/> \$55	Contributors Circle	<input type="checkbox"/> \$1,000+
Student	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25		

Please indicate how you wish to be recognized on the Virtual Recognition Wall

I/We would like our donation to remain anonymous

## AUTOMATIC RENEWAL PROGRAM

Please renew my membership annually with the credit card information provided below\*

## METHOD OF PAYMENT

Cheque enclosed (payable to Judith & Norman Alix Art Gallery)

Visa       Mastercard       Debit       Cash

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_      CSV Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_      Signature: \_\_\_\_\_

## FOR OFFICE USE ONLY

<input type="checkbox"/> Letter/Membership sent	<input type="checkbox"/> Recorded in database	Notes:
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The information that is being collected will be treated in accordance with the Municipal Freedom of Information Act, R.S.O. 1990, CHAPTER M.56. Please forward any questions to: FOI Coordinator, County of Lambton, 789 Broadway Street, Box 3000, Wyoming, ON N0N 1T0, or phone 519-845-0801, toll-free 1- 866-324-6912.

Signature \_\_\_\_\_ Date \_\_\_\_\_