

MEMBERSHIP INFORMATION

new renew rejoin gift

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

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			

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)

Amex 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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