

MAHONE BAY FOUNDERS SOCIETY

Membership Form



Date: _____

Name(s): _____

Address: _____

Email (optional): _____

Phone (optional): _____

Would you like to **receive emails regarding museum news and events?**

Yes No, thank you

Are you interested in supporting the work of the museum by **volunteering at events?**

Yes No, thank you

Annual Membership Fee

Please choose one Membership Type:

Individual \$15 Family \$25 Business/Corporate \$25

Additional Optional Donation: \$ _____ (Donations over \$20 are eligible for tax receipt)

Total Amount Enclosed: \$ _____

Would you like to **receive a confirmation of your membership and tax receipt (if eligible) for additional donations over \$20?**

Yes, by email Yes, by mail No, thank you

Please mail this form with your payment to:

Mahone Bay Founders Society
PO Box 583, 578 Main Street, Mahone Bay, NS, B0J 2E0

**Membership can also be paid online and this form can be submitted online at
www.mahonebaymuseum.com/support-us/**