

Original Costume Museum Society

Membership Form

If any of the information on this form changes, please let us know.

Please choose: Individual (Complete Section 1) Organization (Complete Section 2)

1. Name of Individual: _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

2. Name of Organization: _____

Legal Name (if different): _____

Primary Contact: _____ Title: _____

Mailing Address: _____

City/Province: _____ Postal code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Privacy: The Original Costume Museum Society (OCMS) does not sell nor loan our list of members in any way. From time to time, the OCMS communicates with its members via telephone, and/or distributes notices via mail and email. Please check the appropriate box below. By signing below, you are giving permission to the OCMS to contact you regarding upcoming events, volunteer opportunities, and other such communications.

I allow the Original Costume Museum to contact me.

I do not wish to be contacted.

Signature: _____

Print: _____

Date: _____

Membership Type:	Fee:	# of Memberships	Total
<input type="checkbox"/> Individual	\$20.00	x _____ =	\$ _____
<input type="checkbox"/> Senior (65 years and older)	\$10.00	x _____ =	\$ _____
<input type="checkbox"/> Full-Time Student (Must prove student status)	\$10.00	x _____ =	\$ _____
<input type="checkbox"/> Organization	\$100.00	x _____ =	\$ _____

Donation:

Yes! I would like to make a tax-deductible donation to the OCMS: \$ _____
(Donations must be at least \$20 to be eligible for a tax receipt.)

Total Amount: \$ _____

Payment Options:

Cash (in person only)

Cheque (payable to: "Original Costume Museum Society")

Yes, please mail me a receipt

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