



ANNUAL PASS FORM

Name: _____

Address: _____

City: _____

Phone: _____

Email: _____

Membership Type:

Singles:

- \$30 Adult
 \$50 Adult PLUS!
 \$25 Senior
 \$45 Senior PLUS!

Families:

- \$75 Family
 \$95 Family PLUS!

Additional Names (Required for Family Memberships)

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Purpose built to display the area's rich cultural heritage, the *Museum on Tower Hill* was a state-of-the-art building when it opened its doors in 1983. Please help us bring it back to this state by donating today to help us retrofit the Museum with green energy.

Please also accept my enclosed donation of \$ _____ to be applied towards the costs of updating the Museum to a green energy facility.

Method of Payment

Cheque

Cash

Credit Card

Card #: _____

Expiry Date: _____

Name on Card: _____

I hereby acknowledge all information on this page to be true and give consent to the West Parry Sound District Museum to charge my credit card for the following amount. \$ _____

Signature: _____

Please fill out this form and return by mail, in person or by fax to the Museum on Tower Hill. We thank you for your support. Memberships are valid for one year from date of purchase.