

Museum Support Application

DATE _____ 20 _____

Check appropriate box, fill out correct information & return to the address below:

St. Joseph Island Museum, RR#2, Richards Landing On, PoR1Jo

705-246-2672

Please make cheques payable to **St. Joseph Island Museum*

MEMBERSHIP

- Membership to the St. Joseph Island Museum supports the preservation of 6 buildings and over 7000 artifacts.
- With your help, the Museum can provide high quality educational exhibits, special events, and preserve St. Joseph Island history for the generations to come.
- Membership benefits include:
 - An annual newsletter
 - A season's pass to the museum
 - A chance to win a prize in our exclusive **members only** draw that takes place Labour Day weekend at Harvestfest

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

I would like to:

Become a member Renew Membership Family (\$30) Single (\$20)

Would you like us to mail you a charitable receipt? Please circle YES or NO

I wish to support the museum in addition to my membership by donating a monetary amount

AMOUNT \$ _____

Benefactor _____ **\$500 and up**
Patron _____ **\$200 to \$499**
Associate _____ **\$100 to \$199**

Or place a plaque on the Log of Recognition in memory of a loved one

In Memory of **__ \$50 to \$99**

Name to be Engraved on Plaque (please print) _____

Thank You for your Support