

# Membership Renewal Form

Please complete and return to Muskoka Lakes Museum by mail, email, or in person. Please call if you have any questions.

<input type="checkbox"/> <b>Student / Senior</b>	<b>\$30</b>	<input type="checkbox"/> <b>Supporter</b>	<b>\$250+</b>
<input type="checkbox"/> <b>Individual</b>	<b>\$50</b>	<input type="checkbox"/> <b>Patron</b>	<b>\$500+</b>
<input type="checkbox"/> <b>Family*</b>	<b>\$100</b>	<input type="checkbox"/> <b>Sustainer</b>	<b>\$1000+</b>

All amounts over \$30 will receive an income tax receipt.

Patron and Sustainer memberships will receive an income tax receipt in full.

\*Two adults and dependent children.

Would you like to add a donation? Amount: \_\_\_\_\_

**Name** \_\_\_\_\_  
**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **Province** \_\_\_\_\_  
**Postal Code** \_\_\_\_\_ **Country** \_\_\_\_\_  
**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Consent to receive emails? Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
**Signature** \_\_\_\_\_

## Payment Type

**Cash enclosed**  
 **Cheque to "Muskoka Lakes Museum" enclosed**  
 **Credit / Debit: Name on card:** \_\_\_\_\_

**Number:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**I consent for Muskoka Lakes Museum to charge \$ \_\_\_\_\_ to the card specified above.**

Did anyone refer you to purchase a membership? Name: \_\_\_\_\_

If you refer someone, you will receive a FREE day pass for a guest / friend!