

W.P.S.D.M Membership Form

West Parry Sound District Museum
17 George St. Parry Sound, ON P2A 2X4
Phone: 705.746.5365 Fax:705.746.8775
www.wpsdm.com info@museumontowerhill.com

Name: _____

Name Membership is recognized under: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Membership Type: _____

Member Names listed under Membership:
(in accordance to Membership Plan)

Business Name:
(applicable only with Business Partner or Corporate Sponsor Memberships)

Website Address:
(applicable only with Business Partner or Corporate Sponsor Memberships)

Business Information:
(applicable only with Gold Corporate Sponsor Membership, one paragraph only)

Method of Payment:
a)Cheque b)Visa c)Mastercard d)Cash (enclosed)

Card # _____

Name: _____

Expiry Date: _____

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.

Amount: \$ _____

Signature: _____

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