

Application

Yes! I want to be a Friend of the Canterbury Museum.

Annual membership* (please tick)

- | | |
|--|--------------|
| <input type="radio"/> Family - 2 adults, children 15 years and under | \$35 |
| <input type="radio"/> Individual member | \$20 |
| <input type="radio"/> Junior member (under 18) | \$10 |
| <input type="radio"/> Group (non-profit making) | \$35 |
| <input type="radio"/> Corporate (profit making) | \$300 |
| <input type="radio"/> Life - individuals, one payment | \$300 |
| <input type="radio"/> Donation
(tax deductible - \$5 and over) | |

* Calendar year

Total amount enclosed \$ _____

(Please make cheques payable to 'Friends of the Canterbury Museum')

Mr / Miss / Ms / Mrs (please circle)

Name(s): _____

Postal address: _____

Daytime phone: _____

Mobile: _____

Email: _____

Age (if under 18): _____

Post (or deliver to Museum):

The Secretary
Canterbury Museum Friends
Rolleston Avenue
Christchurch 8013