



Date: _____
Volunteer/Staff Name: _____
Promo: _____

MEMBERSHIP FORM

New / Renewal - Membership #:

Name:		Secondary Cardholder Name: (if applicable)	
(Dr.) (Mr.) (Mrs.) (Ms.) (Miss)		(Dr.) (Mr.) (Mrs.) (Ms.) (Miss)	
Telephone ()		Email	
Address			
City	Province	Postal Code	

Friend of the Arts Membership

Individual (1 card)	<input type="checkbox"/> \$55 - 1 year
Senior (1 card)	<input type="checkbox"/> \$40 - 1 year
Family (2 cards)	<input type="checkbox"/> \$90 - 1 year
Senior Dual (2 cards)	<input type="checkbox"/> \$70 - 1 year
Out of Towner (100+ km from Greater Hamilton Area)	<input type="checkbox"/> \$40 - 1 year

Benefactor Membership

Receive a full tax receipt for your Membership purchase!

Supporter of the Arts (2 cards)	<input type="checkbox"/> \$120 - 1 year
Patron of the Arts (2 cards)	<input type="checkbox"/> \$240 - 1 year

Masterpiece Circle

Receive a full tax receipt for your Membership purchase!

Tom Thomson (2 cards)	<input type="checkbox"/> \$500 - 1 year
Emily Carr (2 cards)	<input type="checkbox"/> \$1000 - 1 year
William Blair Bruce (2 cards)	<input type="checkbox"/> \$2500 - 1 year

☐ Auto Renew

By selecting this option, you authorize the institution to automatically charge your credit card at the moment of the membership renewal.

Membership: \$ _____ + Annual Fund Donation: \$ _____ = Total: \$ _____

Pay Online: www.artgalleryofhamilton.com/join-and-support

<input type="checkbox"/> Cheque payable to: Art Gallery of Hamilton Cheque #: _____ Cheque date: _____		<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
Card number:		CSV* <small>*Visa and MC 3-digit code on back of card. AMEX 4-digit code on front</small>	Expiry Date:
Cardholder name:		Signature:	

Please return this form and your payment to the Gallery in the enclosed prepaid envelope
or email to memberservices@artgalleryofhamilton.com

Art Gallery of Hamilton, 123 King Street West, Hamilton, Ontario L8P 4S8