



Canadian Museum of Flight Membership Form

Date: _____

Membership #: _____

New Renewal

Expires: _____

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Email: _____

Phone Number: _____ Cell Number: _____

- Please send me the Glidepath newsletter via email
- I would like to be welcomed in the next issue of Glidepath

Membership Type:

- Senior/Youth* (\$35.00) General (\$45.00)
- Family (\$60.00) Other _____

*NOTE: Parental/Guardian consent required if you are between ages 12-18

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Optional:

I would like to make a donation towards the following area(s):

\$ _____ General operating expenses

\$ _____ Building Fund

\$ _____ Displays (creation and maintenance of display cases and wall displays)

\$ _____ Designated: _____

A tax deductible receipt will be issued for donations over \$50.00. Please make cheques payable to the Canadian Museum of Flight.

NOTE: Do not send credit card information through the mail. If you wish to renew by credit card and can not visit the museum, please call the Gift Shop at 604.532.0035 during business hours (Tuesday to Saturday from 10:00am – 4:00pm, Sunday noon – 5:00pm).

OFFICE USE ONLY

Total Payment: _____ (Debit/Cash/Cheque/Visa/Master Card/AMEX/PayPal*) Employee: _____

- Database updated
- MailChimp updated
- Membership Card issued

Original: Membership Binder Copy: Customer Copy: Book Keeper if donation included

*If payment is via PayPal, print off payment record from website and staple to original copy