



## Membership Form

### Member Name

First \_\_\_\_\_ Last Name \_\_\_\_\_

Membership Type	Individual	\$ 25	<input type="checkbox"/>
	Senior	\$ 15	<input type="checkbox"/>
	Student	\$ 15	<input type="checkbox"/>
	Organization	\$100	<input type="checkbox"/>

Is this a Membership Renewal? Yes ☐ No ☐

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Privacy:** The Society for the Museum of Original Costume (SMOC) does not sell nor loan our list of members in any way. From time to time, SMOC communicates with its members via telephone, and/or distributes notices via mail and email. Please check the appropriate box below. By signing below, you are giving permission to SMOC to contact you regarding upcoming events, volunteer opportunities, and other such communications.

☐ I allow SMOC to contact me

☐ I do not wish to be contacted

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

**Membership Fee:** \$ \_\_\_\_\_

### Donation:

☐ Yes! I would like to make a tax-deductible donation to SMOC: \$ \_\_\_\_\_  
(Donations of \$50 or more are eligible for a tax receipt)

**Total Amount:** \$ \_\_\_\_\_

### Payment Options:

- ☐ Cash (in person only)
- ☐ Cheque (payable to: "Society for the Museum of Original Costume")

Receipt Required ☐

604-216-7662  
1489 McRae Avenue  
Vancouver, British Columbia V6H 1V1

membership@smoc.ca  
www.smoc.ca  
Rev 04/07/2017