



MANL Membership Form

Is this a New Membership? _____

Is this a Membership Renewal? _____

Please ensure that we have your current contact information!

MANL will be using e-mail as your primary contact info!

Please provide the following information where applicable:

Name: _____

Position: _____

Organization: _____

Governing Authority: _____

Address: _____

City/Town _____ Postal Code: _____

Telephone: _____ Fax: _____

Primary E-mail: _____

Type of Membership:

_____ Individual (Voting) \$25
_____ Institutional (Voting) \$40

Donation

_____ Double Down 25 \$25
_____ Double Down 40 \$40

Method of Payment:

_____ Cash _____
_____ Cheque _____
_____ Visa _____
_____ MasterCard _____

Total Payment Enclosed: _____

DOUBLE DOWN!

Make a Donation to MANL!

As a registered charitable organization,
match your membership fee as a donation!

_____ Yes, I would like to make a donation

(Tax Receipt Available)

Credit Card Information (if applicable)

Card #: _____

Expiry (MM/YY): _____

Cardholder Signature:

Forward your completed form to:

Museum Association of Newfoundland and Labrador

PO Box 5785 • St. John's, NL • A1C 5X3

Telephone: 709-722-9034 Fax: 709-722-9035