

# CMA Membership Form

## Personal information

Mr.  Ms.  Mrs.  Dr.

Contact name: \_\_\_\_\_

Email address: \_\_\_\_\_

I agree to receive electronic communications from the CMA.

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Degree (student members): \_\_\_\_\_

Preferred language of correspondence:  English  French

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## Mailing address

Home  Office

Street address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

## Billing address (if different)

Street address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

## Return your form to the CMA

By Fax: 613-233-5438  
By Mail: CMA, 400-280 Metcalfe St.,  
Ottawa ON K2P 1R7

## For Information

613-567-0099, ext. 233  
www.museums.ca

## Membership categories

### Voting

#### Individual (\$85)

For those who are or have been associated with a recognized museum in Canada.

#### Individual of a CMA Institutional Member or Provincial Museum Association (\$75)

For Individuals who are currently associated with a CMA Institutional Member or member of a provincial museums Association. **Please specify name of museum or association:**

#### Retired (\$50)

For those who are retired and have been associated with a recognized museum in Canada

### Non voting

#### Affiliate (\$100)

For those outside the museum community who wish to support the aims and programs of the CMA.

#### International (\$100)

For individuals based outside Canada wishing to support the aims and programs of the CMA.

#### Student (\$50)

Special rate for Students in Canada enrolled in a museum related field. Please provide a photocopy of your student ID.

## Payment form

Membership fee: \$ \_\_\_\_\_

GST (5%) \$ \_\_\_\_\_

☞ Applies to: AB, BC, MB, NU, NWT, QC, SK, YU

HST (13%) \$ \_\_\_\_\_

☞ Applies to: ON

HST (14%) \$ \_\_\_\_\_

☞ Applies to: PEI

HST (15%) \$ \_\_\_\_\_

☞ Applies to: NB, NL, NS

GST exemption number: \_\_\_\_\_

Total: \$ \_\_\_\_\_

Payment:  Cheque  Visa  MasterCard

Card number: \_\_\_\_\_

3 digit CVV #

Expiry (MM/YY): \_\_\_\_\_

Name on the card: \_\_\_\_\_

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

**GST/HST registration number:** 106864374RT0001