



SOCIETY OF SAANICH PENINSULA MUSEUMS

2423 Beacon Avenue, Sidney, British Columbia, V8L 1X5
Telephone (250) 655-6355 Email – info@sidneymuseum.ca

Membership Application Form

YES I would like to support the operation and educational programs of the Sidney Museum and Archives

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

New Member ___ Renewal ___ Date _____

Annual membership dues

Individual:	\$10.00	___
Family:	\$20.00	___
Corporate:	\$25.00	___
Lifetime individual:	\$300.00	___

I wish to make an additional donation \$ _____ Please make cheque payable to Sidney Museum

I am interested in volunteering please contact me;

I prefer to be contacted by ; phone _____

email _____