



# British Columbia Museums Association

SINCE 1957

BCMA Secretariat Office, 204-26 Bastion Square, Victoria, BC V8W 1H9  
 General Office: 250-356-5700 Fax: 250-387-1251  
 Website: www.museumsassn.bc.ca Email: bcma@museumsassn.bc.ca

## APPLICATION FOR AFFILIATE MEMBERSHIP

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

New Application       Renewal & Member ID No. \_\_\_\_\_ Current GO Card No: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Name of Governing Body: \_\_\_\_\_

BCMA Contact & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country \_\_\_\_\_

Tel: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Admin Tel: \_\_\_\_\_ Toll-Free: \_\_\_\_\_ Admin Fax: \_\_\_\_\_

Direct Email: \_\_\_\_\_ Admin Email: \_\_\_\_\_

Website: \_\_\_\_\_

BC Society Registration #: \_\_\_\_\_ Federal Charitable Registration #: \_\_\_\_\_

Other Current Affiliations: \_\_\_\_\_

GO Card MOU (attached):  Yes

See Memorandum of Understanding at [www.museumsassn.bc.ca/Content/Membership/GoCard.asp](http://www.museumsassn.bc.ca/Content/Membership/GoCard.asp)

Preferred Museums Roundup Delivery:  Mail  PDF  None Send Ad Rate Sheet?  Yes, please!

Subscribe (FREE) to BCMA-L listserv?  Yes

Want to join a Special Interest Group (SIG)?  Yes If Yes, what SIG Type? \_\_\_\_\_

<b>MEMBERSHIP FEE:</b>	
<input type="checkbox"/> Affiliate (AM) Membership <i>Non-Voting – museums, art galleries, cultural heritage properties and institutions not yet open to the public, corporate supporters, consulting firms, service-providers, privately-owned collections, commercial galleries, and interested societies and organizations</i>	(No GST) \$ <u>100.00</u>
<input type="checkbox"/> Donation to the BC Museums Association (Official tax receipt will be issued)	\$ _____
<b>TOTAL ENCLOSED:</b>	\$ _____

### PAYMENT OPTIONS:

- Cheque (payable to “**BC Museums Association**”) follows by mail to:  
BC Museums Association, Attention: Membership, #204 – 26 Bastion Square, Victoria, BC, V8W 1H9
- Charge to VISA
- Charge to MasterCard

#### Credit Card Payment Authorization:

Name of Cardholder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Authorized Amount: \$ \_\_\_\_\_ Cardholder’s Signature \_\_\_\_\_

Your membership will be activated upon receipt of payment. Please include a completed copy of this application.

**THANK YOU!**