



CANADIAN CIVIL DEFENCE MUSEUM ASSOCIATION
Membership Application Form

Contact Name: _____

HOME Address: _____

City: Province: Postal Code: _____

Home Phone: (_____) _____ Home Fax: (_____) _____

Home Email: _____

BUSINESS Name: _____

Business Address: _____

City: Province: Postal Code: _____

Bus. Phone: (_____) _____ Bus. Fax: (_____) _____

Bus. Email: _____ Website: _____

PRIVACY

The CCDMA will compile & maintain a database for each member registered. This is collected on the application and at the annual renewal. Home (personal) contact information is required to locate members in the event of an address change. Business contact information will only be used in the event we are unable to reach a member at the last known home address. Contact information will not be shared with a third party.

By becoming a member, I consent to receiving email and other correspondence from the Canadian Civil Defence Museum Association.

Membership Levels

____ Individual Member \$5.00

(entitled to benefits/ services identified by the Board, serve on CCDMA committees/ projects, vote at Members' meetings, and seek election to the Board).

____ Organization Membership \$50.00

(entitled to benefits/ services identified by the Board, serve on CCDMA committees/ projects, vote at Members' meetings, and seek election to the Board).

Make a Donation

____ Donor (In addition to your membership, you may wish to donate to support the efforts of the Museum and Archive. The CCDMA is a not-for-profit, charitable organization (829735380RR0001). Your name will be added to our Donor Chart and will be recognized in CCDMA publications.)

Payment Method

____ Cheque: payable to Canadian Civil Defence Museum Association or CCDMA

____ Paypal: send payment to ccdma@civildefencemuseum.ca

____ Cash

____ Credit Card: # _____ Exp. _____ Verification # _____ Postal Code _____

Signature: _____