



34 Frank Street
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Membership Registration Form

New Membership Membership Renewal # _____ Gift Membership

Date: _____

Member Information Required

Mr. Mrs. Ms. Miss

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____

E-mail _____

Prefer e-mail delivery Prefer mail delivery

My cheque for \$10, payable to **Museum Strathroy-Caradoc**, is enclosed \$ **10**

I would also like to make a gift to support the Museum in the amount of \$ _____**

TOTAL \$ _____

For Gift Memberships Only

This is a gift membership from: _____

Recipient's address _____

City _____ Province _____ Postal Code _____

Recipient's Telephone _____

Recipient's E-mail _____

Please send the membership package to: Recipient of the gift Person giving the gift

** If making an additional donation, please include a separate cheque. Thank-you.