



34 Frank Street
Strathroy, Ontario
N7G 2R4
(519) 245-0492
info@strathroymuseum.ca

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 _____

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: _____

Donor's address _____

City _____ Province _____ Postal Code _____

Donor's Telephone _____

Donor's E-mail _____

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