

CMA Membership Form

Personal information

Mr. Ms. Mrs. Dr.

Contact name: _____

Email address: _____

I agree to receive electronic communications from the CMA.

I have read the privacy policy and understand that membership is non-refundable.

Position: _____

Institution: _____

Degree (student members): _____

Preferred language of correspondence: English French

Primary phone: _____

Secondary phone: _____

Fax: _____

Mailing address

Home Office

Street address: _____

City: _____

Province/State: _____

Postal/Zip code: _____

Country: _____

Billing address (if different)

Street address: _____

City: _____

Province/State: _____

Postal/Zip code: _____

Country: _____

Return your form to the CMA

By Fax: 613-233-5438

By Mail: CMA, 400-280 Metcalfe St.,
Ottawa ON K2P 1R7

For Information

613-567-0099, ext. 233, www.museums.ca

Membership categories

Voting

Individual (\$85)

For those who are or have been associated with a recognized museum in Canada.

Individual of a CMA Institutional Member or Provincial Museum Association (\$75)

For Individuals who are currently associated with a CMA Institutional Member or member of a provincial museums Association. **Please specify name of museum or association:**

Retired (\$50)

For those who are retired and have been associated with a recognized museum in Canada

Non voting

Affiliate (\$100)

For those outside the museum community who wish to support the aims and programs of the CMA.

International (\$100)

For individuals based outside Canada wishing to support the aims and programs of the CMA.

Student (\$50)

Special rate for Students in Canada enrolled in a museum related field. Please provide a photocopy of your student ID.

Payment form

Membership fee: \$ _____

GST (5%) \$ _____

☞ Applies to: AB, BC, MB, NU, NWT, QC, SK, YU

HST (13%) \$ _____

☞ Applies to: ON

HST (14%) \$ _____

☞ Applies to: PEI

HST (15%) \$ _____

☞ Applies to: NB, NL, NS

GST exemption number: _____

Total: \$ _____

Payment: Cheque Visa MasterCard

Card number: _____

3 digit CVV #

Expiry (MM/YY): _____

Name on the card: _____

Signature: _____

GST/HST registration number: 106864374RT0001