

CMA Membership Form

Organization information

Organization: _____

Non-Profit: Yes No

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: _____

Preferred language of correspondence: English French

Primary phone: _____

Secondary phone: _____

Fax: _____

Website: _____

Mailing address

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

Institutional/Association

For all recognized Canadian museums that are non-profit, have a collection, and are open to the public. Fee is 0.001 (one tenth of one percent) of the operation budget (i.e. if the budget is \$150, 000, you would pay \$150). The minimum fee payable is \$100, and the maximum, \$2,750.

Non voting

Affiliate (\$100)

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

International (\$100)

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

Corporate (\$250)

For corporations wishing to support the aims and programs of the CMA while developing opportunities within the museum community.

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