

COMMONWEALTH ASSOCIATION OF MUSEUMS
APPLICATION FOR MEMBERSHIP / RENEWAL NOTICE

Renewal _____ New Member _____

INDIVIDUAL:

Name: _____ Position: _____

Institution: _____

Address: _____

Mailing address (if different):

Telephone no: _____ Fax no. _____

e-mail: _____

Signature: _____ Date: _____

INSTITUTIONAL OR ORGANIZATIONAL MEMBERSHIP:

Please fill in the above section for institutional (e.g. museums) and organizational (e.g. associations) and also name an official representative below.

Designated Representative:

Name: _____

Position Title: _____

AMOUNT ENCLOSED:

Please remit funds in Pounds Sterling, or equivalent in U.S. or Canadian dollars.

Individual £10 (approx. US\$ 20.00, C\$ 22.00)	_____
Supporting Individual £20 or more	_____
Organizational £40 (approx. US\$ 80.00, C\$88.00)	_____
Organizational Supporting - more than £40	_____

Make negotiable cheques or drafts payable to: COMMONWEALTH ASSOCIATION OF MUSEUMS

P.O. Box 30192
Chinook Postal Outlet
Calgary, Alberta. T2H 2V9
Canada.

These rates apply to Australia, Brunei Darussalam, Canada, Cyprus, Malta, New Zealand, Singapore, United Kingdom, USA.

All others £5 individual, (US \$10. Can. \$22.00) and £30 organizational (US \$60.00, Can. \$66.00)