APPLICATION FOR MEMBERSHIP			O NEW MEMBE	ER O RENEWAL	
NAME					
ADDRESS	5				
CITY			PROVINCE		
POSTAL CODE		PHONE	_ PHONE		
EMAIL					
By confirmin	LIST O YES O NO ng your subscription to email, you're granting the Ukrainian Muse ske permission at any time using the unsubscribe link found at th		·	l you.	
TYPE O INDIVIDUAL \$35 O 5-YEAR INDIVIDUAL \$150 (payable once, valid for 5) O FAMILY \$60 (2 adults + children, in the same househ O STUDENT \$20 (18+, with valid student ID)			MEMBERSHIP TOTAL OPTIONAL DONATION TOTAL ENCLOSED	\$ \$ \$	
PAYMENT					
NAME ON CARD					
SIGNATURE					
governand Please inc Exhibi Schoo	um depends on the talents and skills of volunteers ce and outreach. Do you wish to be contacted for vo dicate your area(s) of interest or expertise:	lunteer opp Fund Care Publi	ortunities? raising of artifacts c relations d of Directors	O YES O NO	

PLEASE RETURN COMPLETED FORM TO:

UKRAINIAN MUSEUM OF CANADA – ONTARIO BRANCH 620 Spadina Avenue • Toronto, Ontario • M5S 2H4 ATTN: MEMBERSHIP CONVENOR