



# Ukrainian Museum of Canada Ontario Branch

UKRAINIAN WOMEN'S ASSOCIATION OF CANADA

## APPLICATION FOR MEMBERSHIP

NEW MEMBER  
 RENEWAL

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL \_\_\_\_\_

MAILING LIST  YES  NO

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TYPE OF MEMBERSHIP  INDIVIDUAL \$20  FAMILY \$45  STUDENT \$10 \$ \_\_\_\_\_

ADDITIONAL DONATION (OPTIONAL - TAX RECEIPT WILL BE PROVIDED) \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

PAYMENT  CHEQUE (ENCLOSED)  CREDIT CARD (VISA, MASTERCARD OR AMEX)

NAME ON CARD \_\_\_\_\_

NUMBER \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ CVC (SECURITY CODE) \_\_\_\_\_

**VOLUNTEERING** Do you wish to be contacted for volunteer opportunities?  YES  NO

PLEASE INDICATE YOUR AREA(S) OF INTEREST OR EXPERTISE:

- |  |  |
|--|--|
| <input type="checkbox"/> Exhibits                                | <input type="checkbox"/> Fundraising       |
| <input type="checkbox"/> School and tour groups                  | <input type="checkbox"/> Care of artifacts |
| <input type="checkbox"/> Creating items for the Museum Gift Shop | <input type="checkbox"/> Public relations  |
| <input type="checkbox"/> Community special events                | <input type="checkbox"/> Other: _____      |

PLEASE RETURN COMPLETED FORM TO:  
UKRAINIAN MUSEUM OF CANADA, ONTARIO BRANCH  
620 Spadina Avenue • Toronto, Ontario • M5S 2H4  
ATTN: MEMBERSHIP CONVENOR