## Please take a moment to renew your membership. Strong membership numbers encourage funding agencies!

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Name:	Date (YYYY/MM/DD):
Address:	☐ I/we have enclosed a cheque/donation ————————————————————————————————————
PO Box:	☐ I/we wish to donate hours of time working in the a <u>rea</u> of
Town:	
Email:	☐ Yes, I would like to receive an income tax receipt for my charitable donation of \$25 or more.
Phone:	Yes, I would like to receive periodic e-news

Please send this form (and if applicable, a cheque payable to Cortes Island Museum) to:

Cortes Island Museum 957 Beasley Road, Box 422 Mansons Landing BC VOP 1K0

Reach us at: cimas@cortesmuseum.com 250-935-6340 www.cortesmuseum.com

