

Membership number: _____

MEMBERSHIP FORM

ONYWATENRO' (we are friends)

Name of the holder:	
<input type="checkbox"/> If family card, names of all beneficiaries:	
Address of the main holder:	
City:	Country:
Residential Phone:	Cell phone:
E-mail:	
Main motivation to become a member:	

Subscription choice: adult / student / senior (60 years and over) / 6 to 17 years / family

Method of payment (see rate card + tx): Cash or direct payment (in person)
 Check (by mail or in person)
 Visa or Mastercard (form or in person)

Card number: _____ Verifier code: _____ Date of expiry: _____

I agree to receive communications on the activities of the Huron-Wendat Museum (HWM).

Yes No

I declare that I wish to become an ONYWATENRO' member of the Huron-Wendat Museum. As such, I will receive a membership card valid for one year and granting a host of benefits!

Done at (place), _____ the (date) _____.

Signature: _____

Mailing address: 15 Place de la Rencontre Ekionkiestha', Wendake (Qc), G0A 4V0
For more information, contact us at 418 847-2260 / info@museehuronwendat.ca

Visit our website www.museehuronwendat.ca and follow us on Facebook!



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HURON-WENDAT