



Application Form :: Membership

I would like to become a **Friend of the Musée** in the following category:

- Individual 50 \$
- Student 25 \$ (With ID card)
- Senior 25 \$ (age 60 and over)
- Family 75 \$ (couple with children age 12 to 18 living at the same address)
- Corporate 250\$ (includes 2 membership cards and 20 annual passes)

Names of spouse and children
(between 12 and 18 years old): _____

Children's dates of birth: _____
 MM/YYYY MM/YYYY MM/YYYY MM/YYYY

Payment: Visa MasterCard Amex

Card No: _____

Expiration date (MM/YYYY): _____

I enclose my payment by cheque
 (payable to: **Fondation du Musée d'art contemporain de Montréal**).

I would like to receive my correspondence in: English French

Select one: Mr. Mrs. Ms.

Last Name: _____

First Name: _____

Address: _____

Apt.: _____

City: _____

Province: _____

Postal Code: _____

E-mail: _____

Tel.: Home: () _____ Business: () _____

Date of Birth (for reduced-rate membership): _____
 MM/YYYY

Our needs are great, our resources are limited... Any donation would be greatly appreciated.

Donation \$: _____

A tax receipt will be issued automatically.

Want to do some volunteer work at La Fondation ?

Informations:	Tel:	(514) 847-6270
	Email:	fondation@macm.org
	Web site:	www.macm.org

Please mail this form, along with your payment to:

Le Musée d'art contemporain de Montréal
C/O La Fondation
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Montréal, Québec
H2X 3X5