

FRONTENAC COUNTY SCHOOLS MUSEUM ASSOCIATION
P.O. Box 2146, Kingston, ON, K7L 5J9

MEMBERSHIP APPLICATION AND RENEWAL FORM

NAME _____ PHONE # _____

ADDRESS _____

CITY _____ POSTAL CODE _____

By providing my email below, I agree to receive electronic newsletters and notices of special events.

_____ @ _____

Check as appropriate: Renewal ____ New ____

Individual Membership \$30.00 ____ Family Membership \$50.00 ____

I would like to make additional donations to support...

Programmes and
Operating expenses

\$ _____

The Endowment Fund

\$ _____

Please make cheques payable to: Frontenac County Schools Museum
Mail to: P.O. Box 2146 Kingston ON K7L 5J9

A charitable receipt is given for all donations to the museum, including membership.
Charitable number: BN-11893-3514-RR0001

For Office Use: (revised June 2017)

Received	Cash or Cheque	Deposit #	Receipt #	Letter sent
	\$			

613.544.9113.

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www.fcsmuseum.com