



414 Regent St. Kingston (Barriefield) ON, K7K 5R1
613-544-9113 | info@fcsmuseum.com | www.fcsmuseum.com

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:

Individual Membership: \$30.00 _____

Family Membership: \$50.00 _____

Teacher Membership: \$15.00 _____

Student Membership: \$15.00 _____

School: _____

School Attending/Year of Study: _____

**Student memberships are valid ages 18 and up*

Please make cheques payable to: **Frontenac County Schools Museum**

Mail to: 414 Regent St. Kingston (Barriefield) ON, K7K 5R1

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

Note: Memberships are valid for one calendar year (January – December). Payments received after November 1st will be credited for the next calendar year.

For Office Use:

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