

The Manitoba Crafts Museum and Library

Membership Form

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

Membership Category _____

Membership Fee: _____

Donation: _____ (Donations of over \$10.00 are eligible for a tax receipt.)

Cheque enclosed: _____

Pay by VISA: _____

Name of Cardholder _____

Card Number: _____ Exp date: ____

Please mail completed form to:

:

The Manitoba Crafts Museum and Library

1B-183 Kennedy Street

Winnipeg, Manitoba R3C 1S6

Member Privacy: MCML complies with the Personal Information Protection and Electronic Documents Act. We do not release any member information without prior consent.

Please check here if you **do not** want MCML to send to you our newsletter and other communications regarding MCML activities.

MCML does circulate a list of MCML members to other MCML members. Please check here if you **do not** want your name included on this list.