



Membership Fees:

Number

_____ Adult..... \$35.00 = _____

_____ Senior 30.00 = _____

_____ Student 20.00 = _____

Family (5)..... 75.00 = _____

Non-profit organization 75.00 = _____

Business..... 85.00 = _____

Donation: _____

Total enclosed..... _____

The total amount is eligible for an charitable receipt for tax purposes.
Registered charity number 11905 8923 RR0001

Please make your cheque payable to: **N.A.B.H.M.**

Thank you for your support.

Yes, I would like to become a 2010 member of the North American Black Historical Museum.

EM

Name: _____

Phone (day) _____

Address: _____

Phone (evening) _____

City: _____

Prov/State: _____

Postal/Zip: _____

I would like to receive information from the museum by email.

Email: _____

You may publish my name in a list of Members of the Museum.

Signature: _____

