

Membership Registration Form



Once you have completed your membership application, please mail or fax it to the gallery with your payment.

MEMBERSHIP REGISTRATION

To become a gallery member, please print and fill in the registration form below. Once you have completed your membership application, please mail it to the gallery with payment.

Cheques should be made payable to the Cambridge Galleries.

FAX YOUR MEMBERSHIP TO ~

519.621.2080

MAIL YOUR MEMBERSHIP TO ~

Cambridge Galleries, Membership
1 North Square
Cambridge, Ontario
N1S 2K6

cambridge galleries

Name		
Name(s) on additional cards (<i>Family membership only</i>)		
Address		
City	Province	Postal Code
Telephone (home)	(work)	
E-mail address		
Membership Category	Amount \$	

METHOD OF PAYMENT

Cheque

VISA

VISA Number	Expiry Date
Cardholder's Name	Signature