



## Membership Form

**Please enter the appropriate information in the boxes below, print this page, and submit by mail to the address below along with your payment:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code/Zipcode: \_\_\_\_\_

**Please choose membership category\*:**

Individual \$20: \_\_\_\_\_ Family \$30: \_\_\_\_\_ Patron \$100: \_\_\_\_\_

Donation in addition to my membership fee: (Charitable receipt for donations above \$20) \_\_\_\_\_

\*Please note that our membership year is now the same as the calendar year

**Make cheques payable to the Westmount Historical Association and mail along with the completed form to:**

Westmount Historical Association,

P.O. Box 23037, Station Vendome,

Montreal, Quebec, CANADA H4A 3V4