



ENROLLMENT FORM

New Cardholder **Renewal** **Gift**

Date: _____

Levels	Annual fees
<input type="checkbox"/> Level 100: Individual	\$30 + tax
<input type="checkbox"/> Level 200: Couple	\$50 + tax
<input type="checkbox"/> Level 300: Student / Senior	\$25 + tax
<input type="checkbox"/> Level 400: Family	\$80 + tax

Cardholder information:

First name: _____ **Last name:** _____

If applicable: 2nd Adult name: _____ **# of children under 18:** _____

Children's names: _____

Address: _____

City, province, postal code: _____

Telephone: _____ **Email:** _____

The Diefenbunker uses email to send INNER SQUARE cardholders information about upcoming events, news & programming. We never sell or share our email list. Please check this box if you prefer not to receive these emails.

Payment

Please mail, fax or email your completed Enrollment Form to:

Mailing address: 3929 Carp Rd, Box 466, Carp, ON, K0A 1L0 | **Fax:** 613- 839-3725

Email: innersquare@diefenbunker.ca

Please permit us to charge your: VISA MasterCard

Card #: _____ **Expiry:** _____

Yes, I would like to include a donation to the Museum in the amount of \$ _____

Signature: _____

INNER SQUARE Gift to:

First name: _____ **Last name:** _____

Address: _____

City, province, postal code: _____

Telephone: _____ **Email:** _____

Send the INNER SQUARE welcome package to: recipient of the gift person giving the gift

