



New Cardholder

Renewal

Gift

Date: _____

Membership Category	Annual fees (includes tax)
<input type="checkbox"/> Individual	\$35
<input type="checkbox"/> Student / Senior	\$30
<input type="checkbox"/> Family	\$95

Cardholder information:

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

If applicable: 2nd Adult Full Nme: _____

of children under 18: _____

Children's names:

Address: _____

City, province, postal code: _____

Telephone: _____

Email: _____

*The Diefenbunker uses email to send members 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 email your completed Enrollment Form to:

Email: innersquare@diefenbunker.ca

Or bring it to the museum upon your next visit.

Please permit us to charge your: VISA MasterCard

Card #: _____ **Expiry:** _____

CVC #: _____ (your cards 3 or 4 digit verification code on the back of your card.)

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

Signature: _____