



MEMBERSHIP FORM

MAIL TO: ART GALLERY OF NOVA SCOTIA
ATTENTION: MEMBERSHIP COORDINATOR 902 424-2194
P.O. BOX 2262, 1723 HOLLIS STREET, HALIFAX, NS, CANADA B3J 3C8

Membership Level

Office Use J - Y N

Please Check Level

ASR E - Y N

- Individual \$50, Family/Dual (children under 19) \$75, Supporter Individual (Email) \$45, Supporter Family/Dual (Email) \$65, Senior Individual (over 60) \$40, Senior Couple/Dual (over 60) \$55, Supporter Senior (Email) \$35, Supporter Senior Couple (Email) \$45, Student (covers admission only) \$20, National/International (Out of province) \$40. Student ID number _____

Circle Level

Extra benefits apply to Circle Members. Please see brochure. Enter amount - \$ _____

- Business Partner \$100-\$1000, National/International Circle \$150, Gallery Circle \$150-\$299, Curator's Circle \$300-\$499, Director's Circle \$500-\$999, Chairperson's Circle \$1000+

In order to receive an official tax receipt for the gift portion above the regular membership fee, please check to confirm that you are joining as an Individual, Family/Dual, Senior, Senior Couple, or Student.

Basic Information (PLEASE PRINT)

Title (circle one) Ms Mrs Mr Dr
First Name: Last Name:
Address:
City/Town:
Province: Postal Code:
Home Phone: Email (for AGNS updates):

2nd card at same address (for families and couple/dual memberships)

Title (circle one) Ms Mrs Mr Dr
First & Last Name:

For Families - Please list dependant children (under age 19) living at home.

1. First & Last Name: 3. First & Last Name:
2. First & Last Name: 4. First & Last Name:

Give a Gift Membership!! We have a Family Sunday Every Month!

Name of Recipient: Spouse/Partner Name:
Address:
Children's Names:
Membership Category:

The Art Gallery of Nova Scotia is responsible for generating 58% of its operating funds.

My additional donation of \$ _____ is enclosed. A tax receipt will be issued.

Credit Card Number:
Expiration Date: Name on Card:

TOTAL \$ _____

Thank you for your support!!