

**I/WE wish to join the *Canadian
Friends of The Hermitage:***

MEMBERSHIP FEES:

Benefits noted are available to:

Basic Member **\$ 60.00**
or Family (2 adults + 2 minor children) **\$ 75.00**

Contributing Member or Family **\$ 100.00**
Individual — \$40.00 tax receipt
Family — \$25.00 tax receipt

Sustaining Member or Family **\$ 250.00**
Individual — \$190.00 tax receipt
Family — \$175.00 tax receipt

Patron Member or Family **\$ 500.00**
Individual — \$440.00 tax receipt
Family — \$425.00 tax receipt

Ambassador's Circle
Individual or Family **\$1,000.00**
Individual — \$940.00 tax receipt
Family — \$925.00 tax receipt

MEMBER'S NAME(S) _____

ADDRESS: _____

CITY _____

PROVINCE _____ **CODE** _____

TELEPHONE(S) _____

FAX _____

E-MAIL _____

METHOD OF PAYMENT:

- Visa MasterCard
 Cheque Money Order

CARD NO. _____

EXPIRY DATE _____

SIGNATURE _____

**Please make cheques payable to:
"Canadian Friends of the Hermitage".
Membership Office, 1500 Bank Street, Suite 302,
Ottawa, ON K1H 1B8.
Phone: (613) 236-1116 or Toll Free: 1-866-380-6945
Fax: (613) 236-6570
e-mail: friends@hermitagemuseum.ca
web site: www.hermitagemuseum.ca**

**Income Tax receipts are issued for amounts over and
above the basic memberships of \$60.00 for individuals
and \$75.00 for families. Charitable Registration
No. 878799865**

**I require a HERMITAGE ACCESS CARD - (please contact the membership office
by fax, phone or email to request an Access Card. They are issued only for the
period of time you are in St. Petersburg.)**

**I will be in St. Petersburg
from: _____ to: _____**

I'm interested in volunteering

**For information on local events in Toronto contact :
Toronto Chapter
3007 Kingston Road, Suite 317, Toronto, ON M1M 1P1
Phone: (416) 979-0932
Fax: (416) 267-6742
e-mail: toronto@hermitagemuseum.ca**

