



CULTURAL SERVICES DIVISION
 Judith & Norman ALIX Art Gallery
 147 Lochiel Street
 Sarnia, Ontario N7T 0B4
 Telephone: 519-336-8127
 Fax: 519-336-8128
 www.jnaag.ca



MEMBERSHIP

new renew rejoin gift

Date: _____/_____/_____ 519.336.8127 ext.3231 | ann.helps@county-lambton.on.ca

MEMBERSHIP INFORMATION

	Last	First	Initial	Title
Member (primary)				<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr
Member (couple and family memberships only)				<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr

CONTACT INFORMATION

First Name:		Last Name:	
Address:		City:	Province:
Postal Code:	Phone:	Email:	
<input type="checkbox"/> YES! I would like to sign up to the eNews for monthly updates on Gallery events and programs			

MEMBERSHIP PROGRAM

	1 YEAR	2 YEAR		
Individual	<input type="checkbox"/> \$20	<input type="checkbox"/> \$35	AJ Casson	<input type="checkbox"/> \$100
Senior (60+)	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25	Emily Carr	<input type="checkbox"/> \$250
Couples	<input type="checkbox"/> \$25	<input type="checkbox"/> \$45	Tom Thomson	<input type="checkbox"/> \$500
Family	<input type="checkbox"/> \$30	<input type="checkbox"/> \$55	Contributors Circle	<input type="checkbox"/> \$1,000+
Student	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25		

Please indicate how you wish to be recognized on the Virtual Recognition Wall

I/We would like our donation to remain anonymous

AUTOMATIC RENEWAL PROGRAM

Please renew my membership annually with the credit card information provided below*



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METHOD OF PAYMENT

- Cheque enclosed (payable to Judith & Norman Alix Art Gallery)
 Visa Mastercard Debit Cash

Card Number: _____

Expiry Date: _____ CSV Number: _____

Name on Card: _____ Signature: _____

FOR OFFICE USE ONLY

- | | | |
|---|---|--------|
| <input type="checkbox"/> Letter/Membership sent | <input type="checkbox"/> Recorded in database | Notes: |
|---|---|--------|

The information that is being collected will be treated in accordance with the Municipal Freedom of Information Act, R.S.O. 1990, CHAPTER M.56. Please forward any questions to: FOI Coordinator, County of Lambton, 789 Broadway Street, Box 3000, Wyoming, ON N0N 1T0, or phone 519-845-0801, toll-free 1- 866-324-6912.

Signature _____ Date _____