

# Membership Form

## Member Information

Membership number (if available): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Access



- \$20** Student
- \$20** Artist
- \$30** Out of Town (100 km outside of Toronto)
- \$50** Individual
- \$90** Dual (Secondary cardholder name: \_\_\_\_\_)

### Engage



- Tier 1 \$150- \$299**  
Amount: \$ \_\_\_\_\_
- Tier 2 \$300- \$549**  
Amount: \$ \_\_\_\_\_  
Secondary cardholder name: \_\_\_\_\_

### Immerse



- Tier 1 \$550- \$1,499**  
Amount: \$ \_\_\_\_\_
- Tier 2 \$1,500- \$2,500**  
Amount: \$ \_\_\_\_\_  
Secondary cardholder name: \_\_\_\_\_

### Payment Information

Payment Type:  Visa  Mastercard  American Express

**Total:** \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CVV: \_\_\_\_\_

I would like to be recognized on donor materials as: \_\_\_\_\_

Would you like to receive our member newsletter?  Yes  No