



MEMBERSHIP APPLICATION AND/OR DONATION FORM

777 Memorial Avenue
Orillia ON L3V 7V3
(705) 330-4178

support@oppmuseumfriends.ca
www.oppmuseumfriends.ca
www.oppshop.on.ca

1. CONTACT INFORMATION

NAME		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE #1	EMAIL ADDRESS	
IF AN ORGANIZATION, PLEASE PROVIDE CONTACT INFORMATION FOR A REPRESENTATIVE		

2. DONATION

<input type="checkbox"/>	YES ! I WOULD LIKE TO MAKE A DONATION TO SUPPORT THE WORK OF 'FRIENDS'	
DONOR RECOGNITION LEVELS	✓ Friend (\$25-\$499)	✓ Legacy Wall 2 (\$1000.00 - 4999)
	✓ Legacy Wall 1 (\$500-\$999)	✓ Legacy Wall 3 (\$5000+)
MY DONATION (tax receipt issued for this amount) Registered Charitable Organization # 81381 0819 RR001	\$	

3. MEMBERSHIP

<input type="checkbox"/>	I AM CURRENTLY A MEMBER AND WISH TO RENEW FOR THE UPCOMING YEAR
<input type="checkbox"/>	I WOULD LIKE TO BECOME A MEMBER Below is the name of a current Friends member who will sponsor me (*not required for current or retired OPP members):
	SPONSOR
MEMBERSHIP FEE: Friends of <i>The OPP Museum</i> is a non-profit charitable organization that supports and promotes <i>The OPP Museum</i> . It reserves the right to withhold membership from any person if it determines that the person has or is likely to act in a manner that may be detrimental to the affairs, image or reputation of the Friends or of the Ontario Provincial Police.	\$25.00 (No tax receipt is issued for this fee)
TOTAL DONATION + MEMBERSHIP FEE	\$

4. PRIVACY WAIVER

Friends of *The OPP Museum* may publish, post or otherwise disclose my name as a member and/or supporter in its publications and/or website along with the name of any person I associate with my donation. (Please be aware that in giving your permission you are also doing so for any other person you name in association with your donation.)

I Agree

I Do Not Agree

I VERIFY THE ABOVE INFORMATION

SIGNATURE	DATE
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5. ADDITIONAL DONATION INFORMATION

I WOULD LIKE TO MAKE THIS DONATION <input type="checkbox"/> IN HONOUR OF <input type="checkbox"/> IN MEMORY OF		
NAME		
A NOTE ACKNOWLEDGING THIS DONATION SHOULD BE SENT TO:		
NAME		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
EMAIL		

6. PAYMENT INFORMATION

<input type="checkbox"/> Cash (accepted in person only – do not mail cash) <input type="checkbox"/> Cheque (payable to Friends of The OPP Museum) <input type="checkbox"/> Payment has been made online by credit card at www.oppmuseumfriends.ca <input type="checkbox"/> E-transfer to support@oppmuseumfriends.ca

7. COMMUNICATION PREFERENCE

<p>Please send Friends of <i>The OPP Museum</i> correspondence, notices, publications, etc.:</p> <input type="checkbox"/> By regular mail to the address shown on the reverse <input type="checkbox"/> By email to the address shown on the reverse <input type="checkbox"/> By OPP internal mail to (Detachment/Bureau): _____ <input type="checkbox"/> Please DO NOT send any communication
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OFFICE USE ONLY		
Database Updated <input type="checkbox"/> Donation Entered _____ <input type="checkbox"/> Tax Receipt Issued _____ <input type="checkbox"/> Membership Processed _____	Payment Record <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Auth # _____ <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Online _____	
Payment Processed By:		Date:
Membership Approved By:	For Year:	Date:
Entered in Member/Supporter Database By:		Date:

The information provided is collected by Friends of The OPP Museum in order to deliver its mandate as a registered charitable corporation to support and promote The OPP Museum and the history of the OPP. Except as may be required by law, it will not be disclosed without expressed written permission, and will be retained in accordance with our policy. Friends does not sell or otherwise provide member or supporter personal information to any other organization.