

MEMBERSHIP

Please write in clear print

MEMBERSHIP CARD NUMBER:

NAME: _____

CITY: _____

TEL: _____

EMAIL: _____

I agree to receive the Museum's newsletter by email.

Family members : indicate the names of the other family members residing at the same address.

2nd _____

3rd _____

4th _____

5th _____

6th _____

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MNS²
MUSÉE NATURE SCIENCES
SHERBROOKE

PLEASE INDICATE YOUR CHOICE

RENEWAL NEW MEMBER

Categories

Child 0 to 3 years old	Free
4 to 17 years old	15,00\$
Adult 18 to 54 years old	25,00\$
Senior 55 years old and over	20,00\$
Student	20,00\$
Family (2 adults + 4 children / 3 \$ per additional child)	70,00\$

NOTE : taxes are included in the above-mentioned rates

AMOUNT OF _____ \$ METHOD OF PAYMENT: _____

I would like to become a member and i add a donation of: _____ \$.
A tax receipt will be issued for all donations.

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