

Admiral Digby Museum Membership Application Form

Name: _____

Address: _____

Phone: (____) _____

Email: _____

Please check one of the following:

Renewal of Membership New Membership

Past Member (Membership has lapsed)

If you are a new member and were invited to join, include the name of the member who referred you to us:

Membership Dues: \$ 20.00 (individual)

\$25.00 (family of 2 or more living at same Civic Address)

Donation Included: \$ _____

Total amount enclosed: \$ _____

Please indicate below how you prefer to receive your newsletter "The Atalanta"

Email (PDF File) Mail

Print form, complete the requested information then return your application along with the \$20.00 membership fee in person or by mail to:

Admiral Digby Museum
P.O. Box 1644
Digby, Nova Scotia
B0V 1A0