

Membership Application Form 2024

Membership Rates

Membership Level	One Year	Two Years
Student*	O \$42 + HST= \$47.46	O \$76 + HST= \$85.88
Individual	O \$70 + HST= \$79.10	
Artist	O \$56 + HST= \$63.28	
Family**	O \$104 + HST= \$117.52	O \$187 + HST= \$211.31

^{*} Full-time secondary and post-secondary students with valid photo ID

O \$25	O \$50	O \$100	O Other: \$	

Yes, I would like to make a donation to the Varley Art Gallery of Markham in the amount of:

Method	of Pay	vment
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- O Cheque (made payable to the "City of Markham")
- O Credit Card (VISA/Mastercard/American Express)

For security purposes, please contact the Gallery at 905-477-7000 ext. 3263 to process credit card payment.

Member Information

Name

Address				
Phone	Home: ()	Cell: ()
Email				
Gallery of Markham and the			ommunications and event updates Foundation of Markham. I may und Date:	
Signature:			Date:	

Thank you for becoming a member of the Varley Art Gallery and supporting the future of arts in Markham. Your membership is effective immediately. A membership card will be mailed to you within 2 – 4 weeks.

For Office Use Only	
Membership Number:	New Expiry Date:



^{** 2} adults and up to 4 children under 18 years of age