



FERNIE & DISTRICT HISTORICAL SOCIETY

NAME: _____

MAILING ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

PHONE: (_____) _____ - _____

EMAIL: _____

MEMBERSHIP

INDIVIDUAL | \$10/YEAR \$ _____

FAMILY | \$15/YEAR \$ _____

BUSINESS | \$10/YEAR \$ _____

ADDITIONAL DONATION \$ _____

TOTAL ATTACHED \$ _____

A tax receipt will be issued for any amount exceeding membership fees.

I consent to receive emails from the Fernie Museum related to their programs and exhibits.

Please mail with payment to:

Fernie Museum
PO Box 1527 | 491 2nd Avenue
Fernie, BC V0B 1M0