

Membership Information

First Name: _____
 Last Name: _____
 Organization Name: _____
 Contact Name: _____
 Title: _____
 Address: _____
 Address: _____
 City: _____
 Country: _____
 Telephone: _____

Family Membership

Partner's Name: _____
 Child's Name (1): _____
 Child's Name (2): _____
 Child's Name (3): _____
 Province: _____
 Postal Code: _____
 Email: _____

Communication Preferences

We use your contact information to process your membership or donation, and correspond with you about the National Trust and its programs.

From time to time other organizations may ask the National Trust if they can share special offers with our members. May we provide your contact information? Yes No

| | Membership Type | Rate | Donation | Total |
|--------------------------|--|----------|----------|-------|
| <input type="checkbox"/> | Non-Profit - annual budget < \$100,000 | \$60.00 | | |
| <input type="checkbox"/> | Non-Profit - annual budget \$100,000 - \$299,999 | \$95.00 | | |
| <input type="checkbox"/> | Non-Profit - annual budget \$300,000 - \$749,999 | \$120.00 | | |
| <input type="checkbox"/> | Non-Profit - annual budget > \$750,000 | \$150.00 | | |
| <input type="checkbox"/> | Government, Institution or Business | \$150.00 | | |

| | Membership Type | Rate | Tax (See rate below) | Donation | Total |
|--------------------------|-----------------|---------|-------------------------|----------|-------|
| <input type="checkbox"/> | Student | \$10.00 | | | |
| <input type="checkbox"/> | Individual | \$40.00 | | | |
| <input type="checkbox"/> | Family | \$70.00 | | | |

Note: Sales Tax Required on Individual, Family and Student Membership Categories - Based on Canadian Province or Country of Residence (119237477RT0001)

| | | | |
|--|----------|----------------------------|----------|
| Sales Tax – AB, BC, MB, NU, NT, QC, YT, SK | - 5% | Sales Tax - ON | - 13% |
| | | Sales Tax - NS, NB, NL, PE | - 15% |
| International Surcharge | -\$60.00 | U.S. Surcharge | -\$30.00 |

Payment Information

Payment method: Visa MasterCard Cheque (payable to the National Trust for Canada)

Name on Credit Card: _____

Expiration Date: Month _____ / Year _____ CVV (Security code on back of card): _____

Credit card Number: _____