



Institutional Membership Application

Become a member in just 4 easy steps!

STEP 1: Membership Information

Institution:

Contact name:

Title:

Mailing Address:

City:

Prov.:

PC:

Phone:

Fax:

Email address:

Website:

Operating Budget (required):

Number of Paid Staff:

Membership category:

- Institution 1: Operating budget under \$165,000
- Institution 2: Operating budget between \$165,000 and \$2.1 million
0.0006 x your annual operating budget
- Institution 3: Operating budget over \$2.1 million

\$100

\$ _____

\$1,250

STEP 2: Provide your online Guide to Ontario Museums Listing Information

Site Address: same as mailing address above

City:

Prov.:

PC:

Phone:

Fax:

Email Address:

Website:

Seasonal Museum Information

Is your Institution seasonal? Yes No

Seasonal dates and hours of operation:

Contact:

STEP 3: OMA Professional Reciprocal Admissions Program

YES! My institution would like to offer complimentary admission exclusively to OMA individual members as a professional courtesy to our colleagues.

STEP 4: Payment Information

Credit Card Information

Payment Total

Cheque

No:

Membership: \$

Visa

Expiry:

3-Digit Security Code:

Donation: \$

MasterCard

Signature:

TOTAL AMOUNT: \$

Membership fees are non-refundable.

I agree to receive OMA Communications, in all formats including email, for my professional development and to stay informed on museum related developments.

Privacy Policy

The information you provide to the OMA allows us to inform you about events and activities, and to notify you of issues, events or special offers which may be of interest to you. The OMA does not trade or exchange mailing lists, and does not provide private information to any other individual or corporation without permission. Please contact the OMA for further information.

Please pay online or return completed application with payment by mail or fax to the OMA

Ontario Museum Association/Association des Musées de l'Ontario

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