## **Corporate Membership Application**

## LEVEL:

We wish to become Corporate Members at the contribution level indicated below. Please select one:

|              | 1 Year Membership | 2 Year Membership       | 3 Year Membership       |
|--------------|-------------------|-------------------------|-------------------------|
| Piper        | \$250             | \$450 (\$50 savings)    | \$675 (\$75 savings)    |
| Dog Handler  | \$500             | \$900 (\$100 savings)   | \$1,350 (\$150 savings) |
| Sharpshooter | \$1,000           | \$1,800 (\$200 savings) | \$2,700 (\$300 savings) |
| Rough Rider  | \$2,500           | \$4,500 (\$500 savings) | \$6,750 (\$750 savings) |

| 209                        | φοσο  | φοσο       | (ψ.ου σανπ.gυ)              | Ψ1,000 (Ψ100 σανιιή   |  |
|----------------------------|---|------------|-----------------------------|-----------------------|--|
| Sharpshooter               | \$1,000   | \$1,800    | ) (\$200 savings)           | \$2,700 (\$300 saving |  |
| Rough Rider \$2,500        |   | \$4,50     | \$4,500 (\$500 savings)     |                       |  |
| CLIENT INFOR Company/Organ |   |            |                             |                       |  |
| Contact Name:              |   |            |                             |                       |  |
| Title:                     |   |            |                             |                       |  |
| Address:                   |   |            |                             |                       |  |
| City:                      |   | Province:  | Postal Code:                |                       |  |
| Country:                   | Phone:  |            |                             |                       |  |
| Email:                     |   |            |                             |                       |  |
| METHOD OF P                | AYMENT:   |            |                             |                       |  |
| Payment:                   | Cheque payable to Friends of the Mounted Police Heritage Centre |            |                             |                       |  |
|                            | Visa  | MasterCard | I                           |                       |  |
|                            | Please invoice us at the address above                          |            |                             |                       |  |
| Name on Card:              |   |            |                             |                       |  |
| Card Number:               |   |            |                             |                       |  |
| Expiration Date:           |   | C\/\/2 I   | CVV2 Number (back of card): |                       |  |