



YES, I'd like to join.

Please select your membership category

	1 YEAR	2 YEARS
Student (proof of full-time student status required)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$85
Individual	<input type="checkbox"/> \$110	<input type="checkbox"/> \$205
Dual or Member + Guest (check option below) **	<input type="checkbox"/> \$145	<input type="checkbox"/> \$265
<input type="checkbox"/> Two named cards		
<input type="checkbox"/> One named card with one guest every visit		
Long-Distance (100 km+ from Toronto)	<input type="checkbox"/> \$90	<input type="checkbox"/> \$170
Family	<input type="checkbox"/> \$145	<input type="checkbox"/> \$265
Contributing	<input type="checkbox"/> \$205	<input type="checkbox"/> \$410
Supporting	<input type="checkbox"/> \$350 - \$674	
Sustaining	<input type="checkbox"/> \$675 - \$1,099	
Fellow	<input type="checkbox"/> \$1,100 - \$1,999	
Caregiver Card *	<input type="checkbox"/> \$35	

Member Information

New Renewal: Membership Number _____

Ist Cardholder Mr. Mrs. Ms. Dr.

Name _____

Address _____ Apt/Unit _____

City _____

Province _____ Postal Code _____

Telephone _____

Email _____

2nd Cardholder (if applicable) Mr. Mrs. Ms. Dr.

Name _____

Telephone _____

Email _____

Caregiver Card name, if applicable _____

Please complete payment on right

THANK YOU FOR YOUR SUPPORT.

BN: 11879 0401 RR0001 09/2015

Give Membership as a Gift!

Gift Membership Level (see prices on the left)

- Student Individual Dual or Member + Guest
 Long-Distance Family Contributing
 1 year 2 years



Gift Membership Recipient Information

Ist Cardholder Mr. Mrs. Ms. Dr.

Name _____

Address _____ Apt/Unit _____

City _____

Province _____ Postal Code _____

Telephone _____

Email _____

2nd Cardholder (if applicable) Mr. Mrs. Ms. Dr.

Name _____

Gift Card Message _____

Please send Gift Membership Package to: Me Recipient

Payment Information

Gift Membership (please complete form above) \$ _____

My Membership (please complete other side) \$ _____

I would like to support the AGO with a donation \$ _____

TOTAL \$ _____

Payment Options

Cheque (payable to Art Gallery of Ontario)

Cash VISA MC AMEX DEBIT

Name on Card _____

Credit Card # _____

Expiry Date _____

Signature _____

Make your AGO Membership even more affordable!

Please ask us about the AGO's Automatic Membership Renewal Program - it offers both convenience and savings! Simply talk to one of our friendly Membership Representatives. Visit the Membership Desk during Gallery hours | Call Membership Line 416 979 6620 (M-F 9-5) | Email AGOMembership@ago.net

Please complete the following:

- To assist in increasing support for the AGO, we may on occasion make our list of supporters available to similar, carefully screened charitable organizations. If you do not wish to have your name exchanged, please check.
- I have included a gift to the AGO in my will.
- Please send me information about how to leave a gift to the AGO in my will.