

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"/> \$100	<input type="checkbox"/> \$185
For Two (please check option below)**	<input type="checkbox"/> \$130	<input type="checkbox"/> \$235
<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"/> \$80	<input type="checkbox"/> \$150
Family	<input type="checkbox"/> \$130	<input type="checkbox"/> \$235
Contributing	<input type="checkbox"/> \$190	<input type="checkbox"/> \$380
Supporting	<input type="checkbox"/> \$310 – \$609	
Sustaining	<input type="checkbox"/> \$610 – \$999	
Fellow	<input type="checkbox"/> \$1,000 – \$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 10/2011

Give Membership as a Gift!

Gift Membership Level (see prices on other side)

- Student Individual For Two 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 _____

Yes, please enroll me in the AGO's Automatic Membership Renewal Program. My credit card number will be charged on an annual basis for the membership category I have chosen. (Please note: The AGO will notify you by email 30 days prior to your next payment). As a bonus for enrolling in the program, you will receive an additional month of membership plus \$20 off the membership level you selected when we automatically renew your membership next year. This program is not available for Student memberships.

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.