HAMILTON POLICE HISTORICAL SOCIETY AND MUSEUM INC.

Mailing Address:
155 King William Street
Hamilton, ON L8R 1A7

hpsmuseum@gmail.com

Membership Application Form

1. CONTACT INFORMATION

Name			
Address	**City**	**Province**	**Postal Code**
Phone	**Email Address**		
If an Organization, please include representative's contact information			

2. SELECT ANNUAL MEMBERSHIP CATEGORY

☐ **Active Membership $20.00** Individuals who support the purposes of the museum and who are: *(please check applicable box below)*

- ☐ presently serving member of the Hamilton Police Service;
- ☐ retired member of the Hamilton Police Service;
- ☐ retired member of a department which amalgamated to become the Hamilton Police Service; or
- ☐ an employee of the Hamilton Police Association

Active members are Voting members.

☐ **Associate Membership $20.00** Individuals who support the purposes of the museum. Associate members are Non-voting members.

All memberships are subject to approval by the Board of Directors.

3. ADDITIONAL DONATION

I would like to make a donation ☐ **In Honour or** ☐ **In Memory of** **$**			
Name			
A NOTE ACKNOWLEDGING THIS DONATION SHOULD BE SENT TO:			
Name	**Email Address**		
Address	**City**	**Province**	**Postal Code**

4. PAYMENT INFORMATION

- ☐ **Interac e-Transfer payable to: hpsmuseum@gmail.com (Q. Where is the museum located? A. Ancaster)**
- ☐ **Cheque/Money Order payable to Hamilton Police Historical Society and Museum Inc.**
  Please return the completed application with payment to: 155 King William Street, Hamilton, ON L8R 1A7
- ☐ **Cash (accepted in person only – do not mail cash)**

5. COMMUNICATION PREFERENCE

Please send Hamilton Police Historical Society and Museum correspondence, notices, publications, etc.:

- ☐ **By regular mail to the address shown under Contact Info**
- ☐ **By email to the address shown under Contact Info**
- ☐ **By internal Hamilton Police Service mail to:**
- ☐ **Please DO NOT send any communication**

6. PRIVACY POLICY

☐ I agree to receive Hamilton Police Historical Society and Museum correspondence, in all formats including email, to stay informed on museum related developments.

Privacy Policy: The information you provide to the Society 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 Society does not trade or exchange mailing lists and does not provide private information to any other individual or corporation without permission. Please contact the Society for further information.

7. VOLUNTEER

I am interested in contributing to the museum by volunteering to:

☐ **Prepare displays and exhibits** ☐ **Museum tours and exhibits** ☐ **Tuck shop functions**

OFFICE USE ONLY

Membership Payment Record ☐ **e-Transfer** **$** ☐ **Cheque** **$** **(Cheque Number)** ☐ **Cash** **$**	**Donation Payment Record** ☐ **e-Transfer** **$** ☐ **Cheque** **$** **(Cheque Number)** ☐ **Cash** **$**

Payment Processed by:		**Date**
Membership Approved by:	**For Year**	**Date**
Entered Member/Supporter Database by:		**Date**