



MEMBERSHIP APPLICATION FORM

NIAGARA FALLS MUSEUMS

Niagara History Museum - Battle Ground Hotel Museum - Willoughby Historical Museum

How did you hear about us?
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Other (Specify):
Type of Membership:
PERSONAL INFORMATION - Please print clearly Miss Mrs Ms Mr Mr Misagara Falls Resident Mon resident
Last Name: First Name:
Date of Birth: (As you would like shown on membership Card)
(Month) (Day) (Year) Address:
City: Postal Code:
Phone: ()
Home Cell Would you like to receive our Newsletter electronically? ☐Yes ☐No
Emergency Contact:
Name Relationship Phone
Privacy Policy: The Niagara Falls Museums takes your privacy seriously. Personal information is collected from you for the purpose of registration and to keep you informed as a member. The Niagara Falls Museums does not rent, sell or share your personal information. I, the undersigned, do give permission to the Niagara Falls Museums and the City of Niagara Falls to publish photographs with my image along with my name for the purpose of promotion and or advertising on electronic or print media.
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