



NEW ROSS DISTRICT MUSEUM SOCIETY (NRDMS) Membership Registration Form

Before completing this form with your name and contact information, please initial before each of the following statements to confirm that you will allow us to 1. collect and store your contact information, 2. use that information to contact you, and 3. that you support New Ross District Museum Society objectives.

_____ NRDMS has my permission to include my personal information in the Society's Register of Members.

_____ NRDMS may contact me about Society membership and Ross Farm Museum matters.

_____ I have read NRDMS Foundation Statements and support the Mission, Mandate, Vision and Values.

Your personal information remains yours. If at any time you would prefer to have your information removed from our Registry of Members, please contact the Corporate Secretary, New Ross District Museum Society with your request.

Your First Name			
Your Last Name			
Your Address	<i>Civic number and street or road e.g. 23 Brown Road</i>		
Your Community		Your Postal Code	
Your email address			
Your membership status	<input type="checkbox"/> I will be a new member.	<i>Your signature</i>	
	<input type="checkbox"/> I am already a member		
	<input type="checkbox"/> I am a lifetime member		
<i>Please drop off at the Credit Union, New Ross with your \$10 annual membership fee. Thank you.</i>		<i>Date signed</i>	