

Date \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Registration # \_\_\_\_\_ Renewal

\$20 cash  cheque  credit  debit



Memories make stories. Stories make history.

## Membership Registration

I consent to have the Shawnigan Lake Museum send me emails   
I understand that I may unsubscribe at any time by contacting  
[shawniganlakemuseum@shaw.ca](mailto:shawniganlakemuseum@shaw.ca)



Smile Card # \_\_\_\_\_