

## Membership Application

Please print this application, make your selection and fax it to us along with your credit card information. Fax# 250-592-1099

OR

Mail it along with a cheque or money order to :  
Craigdarroch Castle, 1050 Joan Crescent, Victoria B.C  
Canada V8S 3L5

Name: \_\_\_\_\_

Spouses' name: \_\_\_\_\_

Number of dependant children under 19 \_\_\_\_\_  
(if applicable – maximum 3)

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

Province or State: \_\_\_\_\_ Postal Code or Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Continued on the next page

## Membership Application (continued)

### I choose the following category

<b>Senior</b>	<b>\$25</b>	
<b>Student</b>	<b>\$25</b>	
<b>Individual</b>	<b>\$30</b>	
<b>Family</b>	<b>\$75</b>	
<b>Friends of the Castle</b>	<b>\$100+</b>	
<b>Builders Circle</b>	<b>\$150+</b>	
<b>Tower Circle</b>	<b>\$500+</b>	

### Payment Method

Please circle one

Visa, Mastercard or Cheque - (enclosed)

**Credit Card #** \_\_\_\_\_

**Expires** \_\_\_\_\_

Your new membership card will be sent to you within 10 business days from receipt of your application. If you have any questions about this application please call: 250-592-5323 or email: [info@thecastle.ca](mailto:info@thecastle.ca)