

Membership Application (continued)

I choose the following category

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

Payment Method

Please circle one

Visa, Mastercard or Cheque - (enclosed)

Credit Card # _____

Expires _____

The membership committee will review and process your membership application.

Once approved, your payment will be processed and your member card will be mailed to the address provided on the application.

If you have opted to receive member news via email you will receive a confirmation email from

info@thecastle.ca

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

