



Applicant Details

First name _____ Family name _____ Mr Mrs Ms _____
Address _____
City/Postcode _____ Country _____ Telephone _____
Fax _____ Email _____

If you are a member of a museum Friend's organization, please fill in the following information:

Name of the Friend's organization, address, telephone, Fax, Website and Email

Membership Details

I wish to join the World Federation of Friends of Museums, for the year 20____ as

- Individual Member \$100US Dls
- Donor Member \$250 US Dls
- Benefactor Member above \$2,000 US Dls

Annual subscription renewal date 1st January

Signature _____ Date ____/____/____ Place _____

Payment Details

Payment can be made by VISA, cheque or money order.

Please make checks or money orders payable to:

WFFM, Royal Bank of Canada - 10 St. Clair Avenue West - Toronto, Ontario M4V 1L4 - Canada

Swift Code: ROYCCAT2 - Bank 003

Account number 400-203-6 | Transit number 06402 (if required)

VISA Credit Card

Card number _____ Name on card _____

Expiry date _____ Signature _____

Please send this form completed, with your payment receipt to:

Ms Judit Amselem c/o Israel Museum, WFFM Executive Secretary

P.O. Box 711117, Jerusalem 91710, Israel - Tel + 972 2 6708861 - Fax + 972 2 6708993

ja@imj.org.il