

APPLICATION FORM for FRIENDS BOARD MEMBERSHIP

Thank you for your interest in joining the Friends Society of the Sir Alexander Galt Museum & Archives. Please fill out this form and forward it to friends@galtmuseum.com or drop it off at the front desk of the museum.

Name: _____
 First Initial Last

Address: _____

Phone: _____
 Home Mobile

Email: _____

Date of Birth: _____

Skill(s) you bring to the Board:

Other volunteer work you have done

Why you are interested in making a difference in our community through the Friends of the Galt Museum

Do you have a current criminal record check? If not, are you willing to get one?

Together we, the Friends Society of the Sir Alexander Galt Museum & Archives, raise funds for, build awareness of and support educational initiatives by the Galt Museum and Fort Whoop-Up. We know you will find it delightful time well spent with like-minded people.