

## IMAX® CLUB - REGISTRATION

New Member     Renewal    Promo code: \_\_\_\_\_

Membership number: \_\_\_\_\_ IF KNOWN    Correspondence in:     English     French

Cardholder's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Ms.     Mrs.     Mr.     Dr.

### FAMILY MEMBERSHIP ONLY

2nd adult name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Ms.     Mrs.     Mr.     Dr.

No. children:  1     2     3    Extra children: \_\_\_\_\_ Please add **\$33.34** (\$29 plus tax) per extra child to your payment.

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ (POSTAL CODE) \_\_\_\_\_

CATEGORY	PRICE (tax included)	TOTAL
<b>\$29</b> plus tax <input type="radio"/> <b>CHILD</b>   Ages 3-12 <input type="radio"/> <b>STUDENT</b>   full-time student (proof required) <input type="radio"/> <b>SENIOR</b>   Ages 65+	<input type="radio"/> <b>\$33.34</b> <input type="radio"/> \$28.34 15% discount*	\$ _____
Add years:	<input type="radio"/> _____ year(s) x \$28.34	\$ _____
<b>\$39</b> plus tax <input type="radio"/> <b>ADULT</b>   Ages 18-64	<input type="radio"/> <b>\$44.84</b> <input type="radio"/> \$38.12 15% discount*	\$ _____
Add years:	<input type="radio"/> _____ year(s) x \$38.12	\$ _____
<b>\$109</b> plus tax <input type="radio"/> <b>FAMILY</b>   Family of 5, max. 2 adults	<input type="radio"/> <b>\$125.32</b> <input type="radio"/> \$106.52 15% discount*	\$ _____
Add years:	<input type="radio"/> _____ year(s) x \$106.52	\$ _____
<b>DONATIONS:</b> I would like to support <input type="radio"/> the Museum of History <input type="radio"/> the War Museum		\$ _____
<input type="radio"/> Cheque payable to the: Canadian Museum of History  <i>If you wish to complete your payment by credit card, please call us at 819-776-7100 or drop by either one of the Museums' Box Office.</i>		<b>Total:</b> (membership, extra years, donation) \$ _____

\* 15% Discount living further than 100km. The 15% discount for additional years does not apply on the first year of a new Membership or a renewal. Prices are effective as of September 4, 2015. Memberships are not transferrable or refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Survey: How did you hear about the IMAX Club? \_\_\_\_\_

## YOUR MEMBERSHIP CARD

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For sustainability reasons and to provide better services on site and without delivery delays, all membership cards are printed and distributed at the Museum of History and the War Museum. During your next visit, please pick up your card at the Box Office.

*Reduce reprint costs: Bring your Membership card every time you visit the IMAX Theatre. A \$2 reprint fee applies for lost or forgotten cards.*

## SENDING YOUR FORM

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*Please mail your form to:*

**MEMBERSHIP PROGRAM / IMAX CLUB**

Canadian Museum of History  
100 Laurier Street  
Gatineau, Quebec K1A 0M8

## CONTACT US

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We value your comments and questions. Please do not hesitate to write us at [membership@historymuseum.ca](mailto:membership@historymuseum.ca).

You can also call the **Members line** Monday through Sunday from 9:30 a.m. to 5 p.m. at **819-776-7100**. For long distance, please dial 1-800-555-5621.