

Membership Application

Community Museums Association of Prince Edward Island



www.museumspei.ca

April 1st 2026 to March 31st 2027 Membership

Name : _____

Location Address: _____

Mailing Address: _____

Telephone: _____

Email: _____

Website: _____

If an institution, name of your representative(s): _____

Affiliation (if any): _____

Please make cheques payable to:
Community Museums Association of PEI
P.O. Box 22002
Charlottetown PE C1A 9J2

Phone: 902-892-8837
E-mail: info@museumspei.ca