



OWL Partner Program

MEMORANDUM OF UNDERSTANDING (“MOU”)

between

British Columbia Museums Association (BCMA) and Member Institution (Partner)

BCMA Institutional Members participating in the BCMA Member OWL Card Partner Program are required to complete, sign and return this MOU to BCMA as confirmation of participation:

Member Institution (Partner) Name: _____ Member ID#: _____

- 1) The BCMA Owl Card entitles the OWL card holder free admission to the Partner institution, during the Partner’s regular hours of operation, when presented with valid ID;
 - a. Individual BCMA Members will present an OWL card with **their name** and photo ID.
 - b. Institutional BCMA Members will present an OWL card with either
 - i. the **organization name** and proof of employment at the organization (business card, ID badge, or other acceptable proof of employment) or
 - ii. **their name** and photo ID
- 2) Partner agrees to remain a BCMA Institutional member in good standing to participate in the program;
- 3) BCMA will supply Partner with OWL Partner Program window-clip decal for display;
- 4) Partner agrees to post the supplied OWL Partner decal where they may have VISA, MasterCard, Chamber of Commerce, local Tourism Association or other affiliation decals;
- 5) **Partner will keep Admissions personnel informed of the terms of the program;**
- 6) BCMA will promote the Partner’s participation in the Owl Card Benefits Program through the BCMA website, in our [online directory](#), and through social media.
- 7) BCMA will promote the Partner’s events and programs in BCMA HOOT e-newsletters and on social media on request.
 - a. For events and programs to be featured, contact members@museumsassn.bc.ca with the relevant information or weblink.

This MOU will be in effect from date of signing to the date of expiration of the Partner’s BCMA membership. Upon renewal of membership, the partnership will be automatically renewed, unless either partner informs the other of the cancellation in writing.

Sign and return this form to members@museumsassn.bc.ca. Please keep a copy for your files.

Signed: _____ Date: _____
(Name & Title)