

Become a Member

Yes, I'd like to JOIN

New Renewal Gift (see additional form below)

Member Number _____

Please check the applicable Membership category:

| | | | |
|---|-----------------------|------------------------------------|---|
| <input type="checkbox"/> Active | 1 year \$60 | 2 years (save 15%) \$105 | <input type="checkbox"/> Supporting \$250 |
| <input type="checkbox"/> Family | \$85 | \$145 | <input type="checkbox"/> Sustaining \$500 |
| <input type="checkbox"/> Family & Caregiver | \$105 | \$180 | <input type="checkbox"/> Laureate \$1000 |
| <input type="checkbox"/> Family Plus | \$140 | \$240 | <input type="checkbox"/> Senior \$50 |
| | | | <input type="checkbox"/> Disabled \$50 |

Mr./Mrs./Ms./Dr. (please circle one) _____

Spouse's Name _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

E-mail

(We'll send Membership eNews—our electronic newsletter with information on opening events, programs, classes, and exclusive special offers—to your e-mail address. *The Exploratorium respects your right to privacy and will not share your address with any other organizations.*)

Are you an Educator? Yes No

Do you homeschool? Yes No

I would also like to make an additional tax-deductible contribution of \$ _____

Please do not send me my tangible Membership benefits. I would like to deduct my entire Membership donation for tax purposes. I will retain my free admission privileges. *(This is for Family Plus level and above.)*

I do I do not want to receive mail from other cultural organizations

My check is enclosed made payable to the Exploratorium, or

Please charge to Mastercard Visa American Express

Card Number _____

Card Expiration Date _____

Signature _____

Membership privileges are non-transferable and non-refundable. Benefits are subject to change without notice.

WAYS TO JOIN

Mail

Membership Department
Exploratorium
3601 Lyon Street
San Francisco, CA 94123

Fax

415.353.0407

Visit

Drop off at the Admissions Desk

Call

415.561.0321

Online

www.exploratorium.edu/membership

Gift Membership from

Mr./Mrs./Ms./Dr. (please circle one)

Address

City/State/Zip

Home Phone

Work Phone

E-mail

Send Gift Membership to me. Send Gift Membership directly to the Recipient, with this message:

Next year, send the renewal notice to me to gift recipient

www.exploratorium.edu

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