



Current Member Exclusive!

Membership Office
601 Light Street • Baltimore, MD 21230
410-545-5981 • Fax: 410-545-5973
email: members@marylandsciencecenter.org
www.marylandsciencecenter.org

INTERNAL USE ONLY

Today's Date: _____

Ticket Agent: _____

Approved by Regina Holten, Membership Manager
Comments: Offer Exclusively for CURRENT Maryland Science Center Members ONLY

GIFT MEMBER INFORMATION

Member ID# _____

Instructions for Gift Delivery:

- Mail to me for personal delivery
- Mail directly to my recipient

The Primary Visitor/Cardholder. One card issued per membership. Cardholder must be an adult.

MR. MRS. MS. MISS OTHER _____

FIRST NAME LAST NAME

Spouse/ Domestic Partner (circle one)

MR. MRS. MS. MISS OTHER _____

FIRST NAME LAST NAME

ADDRESS APT./SUITE

CITY STATE ZIP

PREFERRED PHONE (WITH AREA CODE)

PREFERRED E-MAIL (OPTIONAL)



Our membership categories and prices are listed below. Choose your category, complete the information portion and mail, along with payment to the membership office.

MEMBERSHIP CATEGORIES

- ___ \$56.25 EXPLORER – Membership for 1
- ___ \$75.00 VOYAGER – Membership for 2
- ___ \$93.75 ADVENTURER – Membership for 4
- ___ \$112.50 DISCOVERER – Membership for 6
- ___ \$131.25 DISCOVERER +1 – Membership for 7
- ___ \$150.00 PIONEER – Membership for 8
- ___ \$168.75 PIONEER +1 – Membership for 9
- ___ \$187.50 PIONEER +2 – Membership for 10

CONTRIBUTION

- In addition to my gift membership purchase, I would like to make an annual fund gift of \$ _____.

GIFT MESSAGE

To: _____

From: _____

Occasion: _____

CURRENT MEMBER INFORMATION

MR. MRS. MS. MISS OTHER _____

GIFT DONOR NAME

DONOR MEMBER ID#

DONOR ADDRESS

DONOR CITY/STATE/ZIP

DONOR PREFERRED PHONE (WITH AREA CODE)

DONOR PREFERRED EMAIL

PAYMENT – Amount \$ _____

- CHECK
- CHARGE – VISA MASTERCARD AMEX

ACCOUNT #

EXPIRATION DATE V-CODE

SIGNATURE