



**Membership Office**  
 601 Light Street • Baltimore, MD 21230  
 410-545-5981 • www.marylandsciencecenter.org

INTERNAL USE ONLY  
 Today's Date: \_\_\_\_\_  
 Code: MSC WEB

**MEMBER INFORMATION**

Member ID# \_\_\_\_\_

- NEW
- RENEWAL (I was a member in the past 5 years)
- GIFT Please mail gift membership directly to me/to the recipient (circle one)
- UPGRADE: From \_\_\_\_\_ Level to \_\_\_\_\_ Level;  
 Upgrades are sold in \$25 increments. Please refer to our Membership categories below.

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

MR.  MRS.  MS.  MISS  OTHER \_\_\_\_\_

\_\_\_\_\_  
 FIRST NAME LAST NAME

\_\_\_\_\_  
 ADDRESS APT./SUITE

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 HOME PHONE(WITH AREA CODE) WORK PHONE(WITH AREA CODE)

\_\_\_\_\_  
 E-MAIL



WOULD YOU LIKE TO RECEIVE OCCASIONAL E-MAILS ON MEMBER PROGRAMS AND EVENTS?  YES  NO  
 Our membership categories and prices are listed below. Choose your category, complete the information portion and mail, along with payment to the membership office. You will receive an official member card in four to six weeks.

**MEMBERSHIP PRICES** (effective July 1, 2009)

- \$75 EXPLORER – Membership for 1
- \$100 VOYAGER – Membership for 2
- \$125 ADVENTURER – Membership for 4
- \$150 DISCOVERER – Membership for 6
- \$175 DISCOVERER +1 – Membership for 7
- \$200 PIONEER – Membership for 8
- \$225 PIONEER +1 – Membership for 9
- \$250 PIONEER +2 – Membership for 10

**CONTRIBUTION**

- In addition to my membership purchase, I would like to make an annual fund gift of \$\_\_\_\_\_.
- I do not want to join at this time, but would like to make an annual fund gift of \$\_\_\_\_\_.
- My company has a **matching gift program**. I have enclosed the proper paperwork.

**DONOR INFORMATION (For gift membership)**

MR.  MRS.  MS.  MISS  OTHER \_\_\_\_\_

\_\_\_\_\_  
 GIFT DONOR NAME

\_\_\_\_\_  
 DONOR MEMBER ID# (IF MSC MEMBER)

\_\_\_\_\_  
 DONOR ADDRESS

\_\_\_\_\_  
 DONOR CITY/STATE/ZIP

\_\_\_\_\_  
 DONOR HOME PHONE (WITH AREA CODE)

**PAYMENT – Amount \$** \_\_\_\_\_

- CASH
- CHECK
- CHARGE –  VISA  MASTERCARD  AMEX

\_\_\_\_\_  
 Account Number Exp. Date v-code

\_\_\_\_\_  
 Signature

**MEMBERSHIP ENROLLMENT FORM**