



Membership Office 601 Light Street Baltimore, MD 21230  
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 members@marylandsciencecenter.org  
 www.marylandsciencecenter.org

THIS FORM VALID AS OF MAY 28, 2016 - OFFICE USE ONLY:

Member ID: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Ticket Agent: \_\_\_\_\_  
 Comments:

## MARYLAND SCIENCE CENTER MEMBERSHIP

Please print and return this completed application with payment to our ticket desk, or fax or mail this form with payment to the address above.

### STEP 1: ABOUT THE PRIMARY CARDHOLDER

Two identical cards will be issued per membership in the next 30 business days. Cardholders must be an adult.

Mr.  Mrs.  Ms.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

I would like to add my Spouse (The only other name on a member card is a spouse. Caregivers can visit with your children by presenting your member card and a note from you authorizing use, each visit. Memberships cannot be shared among adult family members or friends.)

Mr.  Mrs.  Ms.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Preferred Email Address \_\_\_\_\_

Maryland Science Center Membership benefits include a yearlong subscription to Popular Science magazine.

The value of this subscription is \$9.00. If you wish to opt out of this benefit, please check this box

You will not receive a refund from Popular Science and you will not receive a magazine. Your cost for the membership is not affected.

### STEP 2: CHOOSE YOUR MEMBERSHIP LEVEL

Cost	Description	# of Admits (Adult/Children Age 3+)
<input type="checkbox"/> \$100	Explorer	1
<input type="checkbox"/> \$125	Voyager	2
<input type="checkbox"/> \$150	Adventurer	4
<input type="checkbox"/> \$175	Discoverer	6
<input type="checkbox"/> \$200	Discoverer +1	7
<input type="checkbox"/> \$225	Pioneer	8
<input type="checkbox"/> \$250	Pioneer +1	9
<input type="checkbox"/> \$275	Pioneer +2	10

My employer is a Maryland Science Center Corporate Member.

My Corporate Member ID # is: \_\_\_\_\_  
 (required)

My employer is: \_\_\_\_\_

Corporate Member employees receive **25% off** the price of any regular membership level. Contact your employer's HR department or phone Alexis Leo at 410.545.5943 for details.

### STEP 3: DO YOU WANT TO MAKE AN ADDITIONAL CONTRIBUTION?

- In addition to my membership purchase, I would like to make a donation to the annual fund of \$\_\_\_\_\_.
- I do not want to become a member at this time, but would like to make a donation to the annual fund of \$\_\_\_\_\_.
- I am just purchasing a membership at this time.

### STEP 4: PAYMENT INFORMATION

The total amount of my purchase comes to \$\_\_\_\_\_.

I am paying by:  Cash  Check  Credit Card  
 VISA  Mastercard  
 AMEX  Discover

\_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_ CVV Code \_\_\_\_\_ Signature \_\_\_\_\_

**STEP 5: RETURN THIS FORM TO A TICKET AGENT AT THE MARYLAND SCIENCE CENTER OR MAIL FORM AND PAYMENT TO: MEMBERSHIP OFFICE 601 LIGHT STREET BALTIMORE MD 21230. OR FAX TO 410.545.5973**

Thanks for your support, start using your member benefits today!