

MEMBERSHIP SIGN UP FORM/TICKET DESI	K REVISED IULY 1ST 2022
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Ticket Agent:	Date:
Name on Web Deal Voucher:	
Web Deal Voucher #	

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	Name on Web Deal Voucher:		
601 Light Street · Baltimore, MD 21230 410.685.2370 · Email: members@mdsci.org	Web Deal Voucher #		
Seven Steps to Purchasing of	a Membership		
STEP 1: CHOOSE A MEMBER CARD DELI			
☐ MAIL MEMBER CARD (Can take up to 30 busines		ER CARD (Can take up to 7 days/saves paper and postage)	
STEP 2: ABOUT YOU	,		
I am purchasing a membership today as a(n):			
☐ NEW MEMBER ☐ RENEWAL			
☐ UPGRADE From Level to	L	evel	
Upgrades are sold in \$25 increments to our current members of	only. Please refer to our membership levels be	elow.	
☐ I am GIFTING A MARYLAND SCIENCE CENTER M	EMBERSHIP — DELIVER GIFT: ☐	To Me To Recipient (Select one)	
STEP 3: ABOUT THE MEMBER CARDHO	LDER / MEMBER GIFT RI	ECIPIENT	
Two identical cards issued per membership. Cardholder			
☐ MR. ☐ MRS. ☐ MS. ☐ OTHER		☐ PLEASE ADD A SPOUSE (OPTIONAL) The only other name on a member card is a spouse. Caregivers (even if	
		family members) tending your children, may visit as members by presentir your exclusive member card and a note signed by you, authorizing use.	
FIRST NAME LAS	T NAME	Valid Member Card, Photo ID and address confirmation is required upon every visit. Memberships cannot be shared among adult family	
		members, neighbors or friends. Sorry, no exceptions.	
PREFERRED EMAIL ADDRESS PRE	FERRED PHONE	☐ MR. ☐ MRS. ☐ MS. ☐ OTHER	
		CROUGE FIRST NAME	
PREFERRED MAILING ADDRESS	APT#	SPOUSE FIRST NAME	
CITY STA	TE ZIP	SPOUSE LAST NAME	
STEP 4: CHOOSE YOUR MEMBERSHIP	LEVEL STEP 5: ABO	UT THE MEMBERSHIP GIFT DONOR	
COST LEVEL # OF ADMITS PER	(Skin If Purchasing	(Skip If Purchasing Your Own Membership)	
(Adult/Children Age 3-		☐ MR. ☐ MRS. ☐ MS. ☐ OTHER	
\$125 Explorer 1			
S150 Voyager 2	FIRST NAME	LAST NAME	
□ \$175 Adventurer 4 □ \$200 Discoverer 6	T I AM A CURRE	ENT MEMBER GIVING A GIFT.	
\$225 Discoverer +1 7) # is (A 25% off discount may ap,	
\$250 Pioneer 8	Wy Weiliber ib	(A 25% off discount may up)	
□ \$275 Pioneer +1 9	PREFERRED EMAI	PREFERRED EMAIL ADDRESS PREFERRED PHONE	
□ \$300 Pioneer +2 10			
MY EMPLOYER IS A CURRENT MARYLAND SCIENCE CENTER CORPORATE MEMBER.	PREFERRED MAIL	ING ADDRESS APT#	
My Corporate Member ID # is:	CITY	STATE ZIP	
My Corporate Member Employer is:	OPTIONAL GIFT I	NEORMATION	
Corporate Member employees receive 25% off the price of any regular men level. Contact your employer's HR department or phone Alexis Leo, our Cor	mbership	OPTIONAL GIFT INFORMATION	
Member Director at 410.545.5943 or via email at aleo@mdsci.org		Occasion: Personal Message:	
STEP 6: DO YOU WANT TO MAKE AN AI	DDITIONAL CONTRIBUTI	ION?	
\square in addition to my membership purchase, i w	VOULD LIKE TO MAKE A DONATIO	ON TO THE ANNUAL FUND OF \$	
STEP 7: PAYMENT INFORMATION			
THE TOTAL AMOUNT OF MY PURCHASE COMES TO) \$ I AM PA	AYING BY: 🗆 CASH 🔝 CHECK 🗀 CREDIT CARD	

	☐ WEB DEAL VOUCHER	\square TICKET REDEMPTION
THE TOTAL AMOUNT OF MY PURCHASE COMES TO \$	I AM PAYING BY: ☐ CASH ☐ CHECK	☐ CREDIT CARD
TEL 7. THI WENT IN CHWINTION		