



SCIENCE MUSEUM OF VIRGINIA

Membership Application

Mr. Mrs. Mr. & Mrs. Ms. Dr. Other _____

Name _____

Spouse or second adult (*circle one*) _____

Third adult (*Mendel level*) _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Employer/Organization* _____

Membership Level _____ Renewal New Former member

Additional names for membership cards based on Membership Level

_____	_____
_____	_____
_____	_____
_____	_____

GIFT MEMBERSHIP ONLY (*Write your information below*)

Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ E-mail _____

Send membership to: Me Recipient

Amount enclosed \$ _____ Check *Please make payable to **Science Museum of Virginia***

Visa MasterCard Credit Card # _____ Exp. _____

Automatically renew my membership each year. *Notification will be sent 90 days prior to renewal for confirmation.*

** Many companies and organizations provide special benefits for their employees and members.*

Thank You!