

JOIN THE MUSEUM!

Get free admission for you and your family into over 300 other nature and science museums when you join the Museum!

Members at the Associate level and above benefit from the Association of Science and Technology Center (ASTC)'s Passport Program. For a list of participating museums across the country and around the world see the ASTC Passport program web site at: <http://www.astc.org/members/paslist.htm>

Return this form to:
H.S.U. Natural History Museum
1315 G Street
Arcata, CA 95521

or, contact us at
707-826-4479

Thank you!

Individual \$30, Student/Senior \$20

License plate frame, newsletter 10% store discount, program discount invitation to special events, museum poster

Associate \$55

Free admission for family to 270 ASTC passport program museums, license plate frame, newsletter 10% store discount, program discount invitation to special events, museum poster.

Friend \$75

Museum mug, free admission for family to 270 ASTC passport program museums, license plate frame, newsletter 10% store discount, program discount invitation to special events, museum poster.

Sea Star \$100

All Friend benefits and museum tote bag

Sand Dollar \$365 (Dollar-a-day)

All Friend benefits and a silver nautilus pin

Nautilus (lifetime) \$750

All Friend benefits, a silver nautilus pin and name on Nautilus donor plaque in Museum

MEMBERSHIP FORM

Please Indicate: New Membership Renewal Membership

Membership Level (Please Check):

- | | |
|--|---|
| <input type="checkbox"/> Associate \$55 | <input type="checkbox"/> Sea Star \$100 |
| <input type="checkbox"/> Individual \$30 | <input type="checkbox"/> Sand Dollar \$365 |
| <input type="checkbox"/> College Student/Senior \$20 | <input type="checkbox"/> Nautilus (lifetime) \$750 |
| <input type="checkbox"/> Friend \$75 | <input type="checkbox"/> Additional Tax-Deductible Contribution _____ |



Today's Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____

Email: _____

VISA/MC #: _____ Exp. date _____ Phone _____

(for associate level and up only)	
Children under 12 years of age	
Name	D.O.B. (Month/Year)

If given as gift please provide your name and address _____

Office Use Only: Date Rec'vd _____ Rec'vd by _____ Filled by mem / _____

Date Entered in Database _____ Gifts Given List Given Mem Card Given