

MEMBERSHIP APPLICATION

BASIC MEMBERSHIPS

Consult your tax advisor about tax deductibility of membership.

	<u>ONE YEAR</u>	<u>TWO YEAR</u>
<u>FAMILY PLUS</u> <i>(2 adults, all children under 18 and two guests)</i>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
<u>FAMILY / GRANDPARENT</u> <i>(2 adults, all children under 18)</i>	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125
<u>DUET</u> <i>(2 adults, or 1 adult and a child under 18)</i>	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100
<u>SENIOR COUPLE</u> <i>(60+ years)</i>	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90
<u>INDIVIDUAL</u>	<input type="checkbox"/> \$45	<input type="checkbox"/> \$80
<u>SENIOR INDIVIDUAL</u> <i>(60+ years)</i>	<input type="checkbox"/> \$30	<input type="checkbox"/> \$55
<u>STUDENT</u> <i>(under 18 or college ID)</i>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$45

CONTRIBUTING MEMBERSHIPS

Consult your tax advisor about tax deductibility of membership.

<u>BENEFACTOR</u>	<input type="checkbox"/>	\$250-\$499
<u>FELLOW</u>	<input type="checkbox"/>	\$500-\$999
<u>DIRECTOR'S CIRCLE</u>		
SILVER LEVEL	<input type="checkbox"/>	\$1000
GOLD LEVEL	<input type="checkbox"/>	\$2500
PLATINUM LEVEL	<input type="checkbox"/>	\$5000

Yes, I would like to join the anniversary club.

Anniversary Date: _____

OFFICE USE	<input type="checkbox"/> TimeTracks
DT 3 6 8	<input type="checkbox"/> ASTC
	<input type="checkbox"/> Benefits
	<input type="checkbox"/> Coupon

List names, including middle initials, as they will appear on member cards.

NAME 1 _____

NAME 2 _____

ADDRESS _____

CITY, STATE, ZIP _____

WORK PHONE _____

HOME PHONE _____

EMAIL _____

Please list names of children under 18 as well as date of birth.

CHILD 1 _____ DOB _____

CHILD 2 _____ DOB _____

CHILD 3 _____ DOB _____

CHILD 4 _____ DOB _____

I would like to give the above membership as a gift.
Please enclose an announcement card from:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

Send Gift Membership to me.

Send Gift Membership to recipient with this message:

METHOD OF PAYMENT

I have enclosed a check for \$ _____.
(make checks payable to: NM Museum of Natural History Foundation)

Please charge \$ _____ to my credit card.
(circle one) MasterCard Visa Discover AmEx

NAME _____

ACCOUNT # _____

EXP. DATE _____

SECURITY CODE (3-4 digits on back of card) _____

SIGNATURE _____

Please Mail Completed Application to:
The New Mexico Museum of Natural History Foundation
Membership Department
P.O. Box 7010
Albuquerque, NM 87194