



# MEMBERSHIP APPLICATION

New  Gift  Renewal  Upgrade

MEMBER # \_\_\_\_\_  
TODAY'S DATE \_\_\_\_\_

**YOUR NAME:** Please print the name(s) to appear on the membership card(s).

**First & Last Name**  
Mr./Mrs./Ms./Dr.

**Second Name if applicable**  
Mr./Mrs./Ms./Dr./Guest

**ADDRESS**

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** ( \_\_\_\_\_ ) \_\_\_\_\_  Evening  Day

**EMAIL ADDRESS**

**CHILDREN'S NAMES:** For Family Level Memberships and above, please list minor children (< 18 years).

First & Last Name _____	Year of Birth _____
First & Last Name _____	Year of Birth _____
First & Last Name _____	Year of Birth _____

## MEMBERSHIP:

Levels	Multi-Year Memberships	Group Memberships
<input type="checkbox"/> \$65 Member	<input type="checkbox"/> \$160 Family 2-Year	Purchase 10 or more memberships at the Member and Family levels, and receive a 10% discount. Call the Membership Office at 805-682-4711 ext. 114 for more information.
<input type="checkbox"/> \$85 Family	<input type="checkbox"/> \$120 Member 2-Year	
<input type="checkbox"/> \$150 Naturalist	<input type="checkbox"/> \$280 Naturalist 2-Year	
<input type="checkbox"/> \$350 Explorer		

Send membership materials to:  Me  Recipient      Send gift renewal notice to:  Me  Recipient

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First & Last Name _____	Year of Birth _____
First & Last Name _____	Year of Birth _____
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## PAYMENT:

Membership Dues \$ \_\_\_\_\_  Check (Payable to SBMNH)  Visa  MasterCard  
Exp. Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_

<input type="checkbox"/> Additional Donation \$ _____	Credit Card # _____
<input type="checkbox"/> Matching Gift Form Enclosed \$ _____	Name on Card _____
<b>Total Amount</b> \$ _____	Signature _____

Please send me information about including the Museum in my estate plan.

Mail this form to SBMNH-Membership, 2559 Puesta del Sol, Santa Barbara, CA 93105 or fax to 805-569-3170 ATTN: Membership.