



MEMBERSHIP APPLICATION

New Renewal Upgrade Gift

MEMBER # _____
TODAY'S DATE _____

MEMBERSHIP LEVELS:

- \$65 Member
- \$85 Family
- \$150 Naturalist
- \$350 Explorer

- Multi-Year Memberships**
- \$160 Family 2-Year
 - \$120 Member 2-Year
 - \$280 Naturalist 2-Year

- Educators' Club**
- \$55 Member
 - \$75 Family

Group Memberships
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.

LEADERSHIP CIRCLES

- \$1,000 Patron's Circle
- \$2,500 Director's Circle
- \$5,000 President's Circle
- \$10,000 Collector's Circle
- \$25,000 Chairman's Circle

MEMBER'S NAME or GIFT MEMBER'S 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

First & Last Name

First & Last Name

PAYMENT:

Membership Dues \$ Check (Payable to SBMNH) Visa MasterCard

Exp. Date ____ / ____ Security Code _____

Additional Donation \$ _____

Matching Gift Form Enclosed \$ _____

Total Amount \$ _____

Credit Card #

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Name on Card

Signature

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

MEMBERSHIP GIFT PROVIDER (if applicable)

First & Last Name

Mr./Mrs./Ms./Dr.

ADDRESS

CITY

STATE

ZIP

PHONE ()

EMAIL ADDRESS