

Spark! Imagination and Science Center Membership Form

Name:

First

Last

Address:

Street

Town/City

State

Zip

Contact Information: ()

Phone

Email

Membership

- New
- Renewal

Select Membership:

- 12 Month Membership \$100
- 12 Month Reciprocal Membership \$125
- Adult w/ Infant \$20

- I would like to make a tax-deductible gift of \$_____*

Members on Pass

Name (<i>Limit 6 – include yourself</i>)	Birthdate (<i>Children only</i>) <i>*To receive a birthday card</i>	Adult	Child	Under 12 Mo.
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Members (\$20 per person)

1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only

Total:

Initials:

Date: