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 $125
☐ 12 Month Reciprocal Membership $150

☐ I would like to make a tax-deductible gift of $________

Members on Pass

Name (Limit 6 – include yourself) Birthdate (Children only) *To receive a birthday card
Adult Child Under 12 Mo.

1. ___________________________ ___________________________ ☐ ☐ ☐

2. ___________________________ ___________________________ ☐ ☐ ☐

3. ___________________________ ___________________________ ☐ ☐ ☐

4. ___________________________ ___________________________ ☐ ☐ ☐

5. ___________________________ ___________________________ ☐ ☐ ☐

6. ___________________________ ___________________________ ☐ ☐ ☐

Additional Members ($20 per person) *Not applicable for Reciprocal Memberships

1. ___________________________ ___________________________ ☐ ☐ ☐

2. ___________________________ ___________________________ ☐ ☐ ☐

3. ___________________________ ___________________________ ☐ ☐ ☐

Office Use Only

Total: Initials: Date: