

Membership Application *Yes, I would like to be a member!*

	1-Year	2-Year
Individual		
Individual Pass	<input type="radio"/> \$40	<input type="radio"/> \$70
Individual Premium	<input type="radio"/> \$60	<input type="radio"/> \$100
Family		
Family Pass	<input type="radio"/> 85	<input type="radio"/> \$145
Family Premium	<input type="radio"/> \$125	<input type="radio"/> \$215
Extended Family	<input type="radio"/> \$200	<input type="radio"/> \$345
Senior		
Senior Pass	<input type="radio"/> \$70	<input type="radio"/> \$120
Senior Premium	<input type="radio"/> \$100	<input type="radio"/> \$175
Corporate Partner Employees		
Partner Premium	<input type="radio"/> \$100	<input type="radio"/> \$175
Caregiver Option — add on to any membership		
Caregiver	<input type="radio"/> \$20	<input type="radio"/> \$40
(Please print)		
First Adult	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other_____	
Name		
Second Adult	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other_____	
Name		
<input type="checkbox"/> The adults are partnered (so that we may properly address letters to you.)		
Address		
City/State/ZIP		
Home Phone	Work Phone	
E-Mail (to receive e-newsletters.)		
# in Household_____	<input type="checkbox"/> My employer has a matching gift program.	
Payment Method		
<input type="checkbox"/> Cash <input type="checkbox"/> Check (Payable to: New York Hall of Science)		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Account No:	Expiration date:	
Cardholder's Name (please print)		
Special membership options:		
<input type="checkbox"/> Caregiver <input type="checkbox"/> Gift Membership		
Name (of caregiver or gift giver)		
Address		
City/State/ZIP		
Phone		
For Office Use Only		
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Upgrade <input type="checkbox"/> Replacement <input type="checkbox"/> Caregiver		
Total price	Discount (up to \$25)	Total
Date	Sale #	Staff Initials