SANTA BARBARA
MUSEUM OF NATURAL HISTORY
& SEA CENTER

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
- [ ] $65 Member
- [ ] $85 Family
- [ ] $100 Centennial (Limited Time)
- [ ] $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.

Send membership materials to: [ ] Me [ ] Recipient

Send gift renewal notice to: [ ] Me [ ] Recipient

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

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

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PAYMENT:

[ ] Membership Dues $

[ ] Check *(Payable to SBMNH)* [ ] Visa [ ] MasterCard

Exp. Date____ / ____ Security Code _____

[ ] Additional Donation $

[ ] Matching Gift Form Enclosed $

Total Amount $

Credit Card # | | | | | | | | | | | | | | | |

Name on Card _____

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.

REV 1/4/16