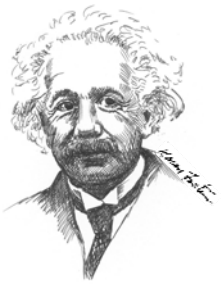
Santa Barbara
Museum of Natural History
& Ty Warner Sea Center
www.sbnature.org

"I can see that this museum has been built by the work of love."

–Albert Einstein
While visiting the Museum
with his wife in 1931



MEMBERSHIP APPLICATION

DATE _____ **[ ] New [ ] Gift [ ] Renewal/Upgrade (Member #)** _____

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.

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

MEMBERSHIP LEVELS:

[ ] $50 Individual	**[ ] $150 Contributor**	**[ ] $1,000 Patron**
[ ] $75 Family Plus	**[ ] $275 Explorer**	**[ ] $2,500 Director's Circle**
[ ] $90 Naturalist	**[ ] $550 Benefactor**	**[ ] $5,000 President's Circle**

GIFT MEMBERSHIP: This Membership is a Gift from:

First & Last Name
Mr./Mrs./Ms./Dr.

Second Name if applicable
Mr./Mrs./Ms./Dr.

ADDRESS

CITY **STATE** **ZIP**

PHONE ( ) **[ ] Evening [ ] Day**

EMAIL ADDRESS

Send gift membership materials to: [ ] Me [ ] Recipient

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

PAYMENT:

[ ] Membership Dues $ _____
[ ] Additional Donation $ _____
[ ] Matching Gift Form Enclosed $ _____
Total Amount $ _____

[ ] Check *(Payable to SBMNH)* **[ ] Visa [ ] MasterCard Exp. Date____ / ____**

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.