

San Diego Natural History Museum

Membership Application

- ☐ New member
☐ Renewal
☐ Gift of membership (Please provide the recipient's information in the designated space on the right)

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

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

Address _____

City _____ State _____ Zip _____

Phone _____
☐ Home ☐ Cell ☐ Work

Email _____

General Membership

- ☐ Student \$25
☐ Senior \$35
☐ Dual Senior \$55
☐ Individual \$55
☐ Grandparent \$70
☐ Family \$70

Sustaining Membership

- ☐ Kate Sessions Circle \$175-274
☐ Daniel Cleveland Circle \$275-524
☐ A.R. Valentien Circle \$525-1199

Amount enclosed: \$ _____

_____ I have enclosed my check, made payable to SDNHM.

Please charge my _____ Visa _____ MasterCard _____ AmEx

Card number _____

Expiration _____

Signature _____

Name on card _____

Gift of Membership

Recipient Information

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

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

Address _____

City _____ State _____ Zip _____

Phone _____
☐ Home ☐ Cell ☐ Work

Email _____

Mail gift to: _____ recipient _____ me

Optional gift message: _____

Please return this form to:

San Diego Natural History Museum
Membership Department
P.O. Box 121390
San Diego, CA 92112-1390

Membership information: 619.255.0275
General Museum information: 619.232.3821

www.sdnhm.org