

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 \$34
☐ Senior \$44
☐ Dual Senior \$64
☐ Individual \$64
☐ Grandparent \$79
☐ Family \$79

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

Name on card _____

Card number _____

Expiration _____ Signature _____



reward curiosity

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

Membership information
619.255.0275

General Museum information
619.232.3821

Please return this form to:
San Diego Natural History Museum
Membership Department
P.O. Box 121390
San Diego, CA 92112
sdnat.org

theNAT
SAN DIEGO NATURAL HISTORY MUSEUM