

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 _____

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



reward curiosity

theNAT
SAN DIEGO NATURAL HISTORY MUSEUM