

# APPLICATION

- ☐ New member  
☐ Renewal  
☐ Gift of membership (Please provide the recipient's information on reverse side.)

Dr./Mr./Mrs./Ms. \_\_\_\_\_  
First/Last name

Dr./Mr./Mrs./Ms. \_\_\_\_\_  
First/Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  
☐ home ☐ cell ☐ work

Email \_\_\_\_\_

- ☐ Sign me up for *Your Nature Connection*, the Museum's monthly e-newsletter.

## General Membership

- ☐ Student \$25  
☐ Senior \$35  
☐ Dual Senior \$55  
☐ Individual \$55  
☐ Grandparents \$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 \_\_\_\_\_