				MEMBERSHIP SIGN UP FORM/TICKET DESK REVISED JULY 2024			
Sc	MARYLAND ⁱ eNc ^{e cent}	TER		Ticket Agent:		Date:	
	Ente			Name on Web Deal Voucher:			
	0	altimore, MD 2123 mail: members@m		Web Deal Voucher #			
Seve	en Step	os to Pure	chasing a Me	mbership			
STEP 1	L: CHOOS	E A MEMBEI	R CARD DELIVERY	PREFERENCE			
Пм	AIL MEMBER	CARD (Can take	up to 30 business days)		ER CARD (Can take up to 7 days/save	es paper and postage)	
am pur	2: ABOUT chasing a me W MEMBER	mbership today a	_				
🗖 UP	GRADE Fron	n	Level to	L	evel		
			our current members only. Please				
🗖 l ar	n GIFTING A	MARYLAND SCI	ENCE CENTER MEMBERSI	HIP — DELIVER GIFT: 🗍	To Me 🔲 To Recipient (Select one)		
STFD 3		THF MFMR	ER CARDHOLDER /	MEMBER CIET P	ECIPIENT		
			rship. Cardholder must be				
			IERLAST NAME		PLEASE ADD A SPOUSE (OPTIONAL) The only other name on a member card is a spouse. Caregivers (even if family members) tending your children, may visit as members by presenting your exclusive member card and a note signed by you, authorizing use. Valid Member Card, Photo ID and address confirmation is required upon every visit. Memberships cannot be shared among adult family. members, neighbors or friends. Sorry, no exceptions.		
FIKSI	NAME		LAST NAME				
PREFERRED EMAIL ADDRESS PREFERRED PHO				PHONE	□ MR. □ MRS. □ MS. □ OTHER		
PREFERRED MAILING ADDRESS				APT#	SPOUSE FIRST NAME		
СІТҮ			STATE	ZIP	SPOUSE LAST NAME		
STEP	4: CHOO	SE YOUR ME	MBERSHIP LEVEL	STEP 5: ABO	UT THE MEMBERSHIP GIF	T DONOR	
	COST LEVEL # OF ADMITS PER DAY (Adult/Children Age 3+)			(Skip If Purchasing Your Own Membership)			
	\$125	Explorer	1			-	
	\$150	Voyager	2	FIRST NAME	LAST NAME		
	•	Adventurer	4				
	•	Discoverer	6	□ I AM A CURRENT MEMBER GIVING A GIFT.			
		Discoverer +1	7	My Member ID # is (A 25% off discount may app			
	•	Pioneer	8				
	4	Pioneer +1	9	PREFERRED EMA	IL ADDRESS PREFERRED F	PHONE	
	\$325 Pioneer +2 10 MY EMPLOYER IS A CURRENT MARYLAND SCIENCE CENTER CORPORATE MEMBER.			PREFERRED MAIL	PREFERRED MAILING ADDRESS APT#		
My Cori						710	
My Corporate Member ID # is: My Corporate Member Employer is:				CITY	STATE	ZIP	
			rice of any regular membership	OPTIONAL GIFT I	NFORMATION		
level. Cont	act your employer	's HR department or pho	one Kirsten Herman, our Corporate	Occasion:			
Membersh	up Manager at 410).545.5943 or via email (ıt kherman@mdsci.org.	Personal Message	:		
STEP	6: DO YOU	J WANT TO	MAKE AN ADDITIC	DNAL CONTRIBUT	ION?		
	DITION TO	MY MEMBERSHI	P PURCHASE, I WOULD LI	KE TO MAKE A DONATIO	ON TO THE ANNUAL FUND OF \$	•	
		NT INFORM					
THE T	OTAL AMOU	NT OF MY PURC	HASE COMES TO \$	I AM P/	AYING BY: 🗆 CASH 🛛 CHECK 🗍		
					\Box web deal voucher \Box	TICKET REDEMPTION	
	D /	1,1,1,0,1,1,1,1	TH COLA			1 11	

Return completed form to the Ticket Desk. Any one of our ticket agents can help you complete your purchase. You may also mail your completed form with payment to the address above. Benefits are valid immediately upon payment. Ahead of receiving a card, members may visit us by presenting their photo ID. *Thank you for your support, start using your member benefits today.*