



MEMBERSHIP APPLICATION

STEP ONE: Please check all that apply:

- New
 Renewal Gift

STEP TWO: Indicate choice of membership:

- Family Membership (\$65 First Two + \$5 Additional Per Person)
 Discovery Club Membership (\$125)
 Science Tower Club Membership (\$275)
 Director's Club Membership (\$500)

STEP THREE: Member identification:

Please circle one: Mr. Ms. Mrs.
 Name of purchaser: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____
 Birthdate: _____

Please fill out this part if this is a gift membership:

Name of recipient: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

STEP FOUR: Additional members:

Name	Birthdate	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Family Plus Option: (for Grandparents and caregivers only)

1. _____
 2. _____

STEP FIVE: Payment Information:

Family Membership (First Two - 1 adult/1 child) \$65 _____
 Additional Members \$5 x ____ = _____
 Family Plus Option (2 adult max) \$15 x ____ = _____
 Total Family = _____
 or Discovery Club \$125 _____
 or Science Tower Club \$275 _____
 or Director's Club \$500 _____
 *Additional donation to support museum programs _____
 Membership card lamination \$1 _____
TOTAL _____

- CASH
 CHECK # _____
 VISA
 MASTERCARD
 AMEX
 DISCOVER

NAME ON CARD _____
 CARD NUMBER _____
 EXPIRATION DATE _____ CID _____
 SIGNATURE _____

Please make checks payable to
 Lied Discovery Children's Museum and mail to:
 Lied Discovery Children's Museum
 833 Las Vegas Blvd. North
 Las Vegas, NV 89101

* Your donation is greatly appreciated and tax deductible to the extent allowed by law.

- Please mail my membership packet to me.
 Please save the postage! I will pick up my membership packet upon my next visit.

FOR OFFICE USE ONLY:
 DATE _____ CASHIER _____