



601 Light Street • Baltimore, MD 21230
410.685.2370 • Email: members@mdsci.org

Ticket Agent: _____ Date: _____

Name on Web Deal Voucher: _____

Web Deal Voucher # _____

Seven Steps to Purchasing a Membership

STEP 1: CHOOSE A MEMBER CARD DELIVERY PREFERENCE

- MAIL MEMBER CARD (Can take up to 30 business days) EMAIL MEMBER CARD (Can take up to 7 days/saves paper and postage)

STEP 2: ABOUT YOU

I am purchasing a membership today as a(n):

- NEW MEMBER RENEWAL

UPGRADE From _____ Level to _____ Level

Upgrades are sold in \$25 increments to our current members only. Please refer to our membership levels below.

I am GIFTING A MARYLAND SCIENCE CENTER MEMBERSHIP — DELIVER GIFT: To Me To Recipient (Select one)

STEP 3: ABOUT THE MEMBER CARDHOLDER / MEMBER GIFT RECIPIENT

Two identical cards issued per membership. Cardholder must be an adult.

MR. MRS. MS. OTHER _____

FIRST NAME LAST NAME

PREFERRED EMAIL ADDRESS PREFERRED PHONE

PREFERRED MAILING ADDRESS APT#

CITY STATE ZIP

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.

MR. MRS. MS. OTHER _____

SPOUSE FIRST NAME

SPOUSE LAST NAME

STEP 4: CHOOSE YOUR MEMBERSHIP LEVEL

COST	LEVEL	# OF ADMITS PER DAY (Adult/Children Age 3+)
<input type="checkbox"/> \$125	Explorer	1
<input type="checkbox"/> \$150	Voyager	2
<input type="checkbox"/> \$175	Adventurer	4
<input type="checkbox"/> \$200	Discoverer	6
<input type="checkbox"/> \$225	Discoverer +1	7
<input type="checkbox"/> \$250	Pioneer	8
<input type="checkbox"/> \$275	Pioneer +1	9
<input type="checkbox"/> \$300	Pioneer +2	10
<input type="checkbox"/>	MY EMPLOYER IS A CURRENT MARYLAND SCIENCE CENTER CORPORATE MEMBER.	

My Corporate Member ID # is: _____

My Corporate Member Employer is: _____

Corporate Member employees receive 25% off the price of any regular membership level. Contact your employer's HR department or phone Kirsten Herman, our Corporate Membership Manager at 410.545.5943 or via email at kherman@mdsci.org.

STEP 5: ABOUT THE MEMBERSHIP GIFT DONOR

(Skip If Purchasing Your Own Membership)

MR. MRS. MS. OTHER _____

FIRST NAME LAST NAME

I AM A CURRENT MEMBER GIVING A GIFT.

My Member ID # is _____ (A 25% off discount may apply)

PREFERRED EMAIL ADDRESS PREFERRED PHONE

PREFERRED MAILING ADDRESS APT#

CITY STATE ZIP

OPTIONAL GIFT INFORMATION

Occasion: _____

Personal Message: _____

STEP 6: DO YOU WANT TO MAKE AN ADDITIONAL CONTRIBUTION?

IN ADDITION TO MY MEMBERSHIP PURCHASE, I WOULD LIKE TO MAKE A DONATION TO THE ANNUAL FUND OF \$_____.

STEP 7: PAYMENT INFORMATION

THE TOTAL AMOUNT OF MY PURCHASE COMES TO \$_____.

I AM PAYING BY: CASH CHECK CREDIT CARD
 WEB DEAL VOUCHER TICKET REDEMPTION

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.**