



Membership Application

QUESTIONS? CALL: (505) 841-2821

BASIC MEMBERSHIPS

	<u>1 Year</u>	<u>2 Year</u>
Family Plus (2 adults, children under 18 & 2 guests).....	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
Family (2 adults & children under 18).....	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125
Grandparent (2 adults & grandchildren under 18).....	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125
Senior Couple (60+ years old).....	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90
Individual.....	<input type="checkbox"/> \$45	<input type="checkbox"/> \$80
Senior Individual (60+ years old).....	<input type="checkbox"/> \$30	<input type="checkbox"/> \$55
Student (Under 18 or College ID).....	<input type="checkbox"/> \$25	<input type="checkbox"/> \$45

CONTRIBUTING MEMBERSHIPS

- Benefactor.....\$250-\$499 \$ _____
- Fellow.....\$500-\$999 \$ _____
- Director's Circle.....\$1,000 or more \$ _____

GIFT MEMBERSHIP IS FROM:

Title: Mr. Ms. Mr. & Mrs. Other _____

Last Name: _____

First Name: _____ M.I. _____

Second Name (if applicable): _____

Last Name: _____

First Name: _____ M.I. _____

Address: _____

_____ Apt #: _____

City: _____

State: ____ Zip: _____

E-mail Address: _____

Home Phone: (____) _____ - _____

Other Phone: (____) _____ - _____ Cell Work

GIFT MEMBERSHIP PACKET

- Send Gift Membership to me
- Send Gift Membership to recipient

MEMBERSHIP FOR:

Title: Mr. Ms. Mr. & Mrs. Other _____

Last Name: _____

First Name: _____ M.I. _____

Second Name (if applicable): _____

Last Name: _____

First Name: _____ M.I. _____

Address: _____

_____ Apt #: _____

City: _____

State: ____ Zip: _____

E-mail Address: _____

Home Phone: (____) _____ - _____

Other Phone: (____) _____ - _____ Cell Work

CHILDREN'S INFORMATION

Child's Name: _____

Birth Date (MM/DD/YY): ____ / ____ / ____

Child's Name: _____

Birth Date (MM/DD/YY): ____ / ____ / ____

Child's Name: _____

Birth Date (MM/DD/YY): ____ / ____ / ____

Child's Name: _____

Birth Date (MM/DD/YY): ____ / ____ / ____

PAYMENT INFORMATION

Total Enclosed: (\$) _____

Cash

Check (Payable to: NMMNHF)

Credit Card Type: Visa MC Discover AMEX

Credit Card Number _____

Exp. (MM/YY) ____ / ____ security code: _____

Signature of Cardholder: _____

Today's Date: ____ / ____ / ____

New Renewal Membership #: _____

MAIL TO:

New Mexico Museum of Natural History Foundation
 Membership Department
 PO Box 7010
 Albuquerque, NM 87194

FOR OFFICE USE	<input type="checkbox"/> TimeTracks
DT 3 6 8	<input type="checkbox"/> ASTC
	<input type="checkbox"/> Benefits
	<input type="checkbox"/> Coupon