ID#

WONDERLAB MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY TODAY'S DATE: _____

1 I WOULD LIKE THE FOLLOWING TYPE OF MEMBERSHIP (Choose one).

❑ **Basic Family** (five named family members) **$93-1yr/$176-2yr** Additional named family members or caregiver (each $15-1 yr/$30-2 yr)	❑ **Grandparent** (two grandparents + grandchildren) **$112-1yr/$214-2yr**
❑ **Premier Family** (five named family members) **$132-1yr/$254-2yr** Additional named family members or caregiver (each $15-1 yr/$30-2 yr)	❑ **Dual** (please select one of the following): **$59-1yr/$113-2yr** ❑ Two family members ❑ One adult + guest ❑ One child + adult guest

2 PURCHASER INFORMATION (Must be an ADULT):

_____ ❑ Mr. ❑ Ms. ❑ Miss ❑ Dr.
FIRST NAME LAST NAME ❑ Mrs. ❑ Other _____

_____
ADDRESS APT.

_____
CITY STATE ZIP

_____
HOME PHONE DAYTIME PHONE E-MAIL ADDRESS (please indicate if you would not like to receive our e-newsletters)

❑ **Check here if this is a gift membership. If checked, do not fill out section 3.** ❑ **Message to recipient on back of form**

_____
TITLE FIRST NAME LAST NAME

_____
ADDRESS APT.

_____
CITY STATE ZIP

Office Use: ❑ Mail certificate to recipient ❑ Certificate given to purchaser at Visitor Services ❑ Payment received ❑ Entered in ESI

3 LIST FAMILY MEMBERS who will be named on membership card and provide birthdates for CHILDREN and GRANDCHILDREN 17 and younger. Note: membership benefits apply only to people listed on your card.

TITLE FIRST NAME LAST NAME	CHILDREN'S BIRTHDATES MO/DAY/YEAR	CIRCLE ONE	RELATIONSHIP TO PURCHASER
_____	_____/_____/_____	M F	_____
_____	_____/_____/_____	M F	_____
_____	_____/_____/_____	M F	_____
_____	_____/_____/_____	M F	_____

❑ List additional family members on back. **There is a fee for more than five members on Basic and Premier.**

4 PAYMENT

a. Cost of your membership type (Dual $59/$113; Basic $93/$176; Grandparent $112/$214; Premier $132/$254) Amount $ _____

b. Additional family members/caregiver (**Basic** or **Premier Family** only) _____x $15/$30 = Amount $ _____

c. You will receive two membership cards. Additional cards are $5.00 each. _____x $5 = Amount $ _____

d. I have included an additional donation to WonderLab. Amount $ _____

PAYMENT METHOD General Admission Credit = Amount $ _____

❑ Check or Money Order. *Please make payable to WonderLab.* Check number _____ **TOTAL $** _____

❑ Cash (only accepted in person at the museum)

❑ Visa ❑ Mastercard ❑ Discover

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ — ☐☐
CREDIT CARD NUMBER EXPIRATION DATE

_____ _____ ☐☐☐
SIGNATURE NAME AS IT APPEARS ON CREDIT CARD CSV CODE (BACK OF CARD)

❑ **Member will pick up permanent card at Visitor Services** ❑ **Mail card to member**
to pick cards, please provide a local phone or email address

Please mail or fax this form and your payment to:

WonderLab • PO Box 996 • Bloomington, IN 47402-0996 • Fax (812) 330-1337

For more information about membership, please call **(812) 337-1337 ext. 15**

WonderLab is a private nonprofit 501(c)(3) organization that relies upon earned revenue and philanthropic support. **Thank you for your support.**

• The information you provide is for WonderLab use only and is never shared with third parties.
* Membership is good for general admission only and does not apply to group or school visits.
* Memberships are non-transferable and non-refundable.

FOR OFFICE USE ONLY

❑ New
❑ Renew
❑ Upgrade/downgrade
❑ Info update/add mbr

Perm. Expiration: _____/_____/_____

Sales Date: _____
TRX: _____
Temp Expiration Date: _____
Date Permanent Card Issued: _____
Notes:

Received ❑ LN ❑ ASTC ❑ FAQ
Initials _____ POP 8/9/11