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** Additional named family members or caregiver ($15 each)	❑ **Grandparent** (two grandparents + grandchildren) **$112**
❑ **Premier Family** (five named family members) **$132** Additional named family members or caregiver ($15 each)	❑ **Dual** (please select one of the following): **$59** ❑ 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

❑ **Check here if this is a gift membership. If checked, skip section 3.**

GIFT CERTIFICATE: ❑ Given to purchaser at address above ❑ Mail certificate to address below (attach certificate to this form)

_____
FIRST NAME LAST NAME

_____
ADDRESS APT.

_____
CITY STATE ZIP

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.

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 of sheet. There is a fee for each additional member beyond five.

4 PAYMENT

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

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

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

❑ Cash (only accepted in person at the museum)

❑ Visa ❑ Mastercard ❑ Discover

CREDIT CARD NUMBER EXPIRATION DATE

_____ _____
SIGNATURE NAME AS IT APPEARS ON CREDIT CARD

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.

FOR OFFICE USE ONLY

❑ **New**
❑ **Renew**
❑ **Upgrade**
❑ **Add member**

Perm. Expiration: ____/____/____

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

Received ❑ LN ❑ ASTC ❑ FAQ
Initials _____ Web 1/1/09