

MEMBERSHIP APPLICATION



Family \$80 Explorer \$150
Grandparent \$70 Associate \$500
One + One \$60 Benefactor \$1,000

Family Access \$35 Additional Guest Add-On(s) \$20 each
Military \$55 1 2
Teacher \$55

DATE: _____

NEW
RENEW

MEMBER INFORMATION:

Is this a GIFT MEMBERSHIP?

Adult 1 Cardholder Name

Gift Giver's Name

Adult 2 Cardholder Name

How would you like your name to appear on the letter? EX: Grandpa and Grandma

Address

Address

City / State / Zip

City / State / Zip

Phone #

Phone Number

E-mail

For The Explorer Membership only:

Child Name / D.O.B

Caregiver Name

Child Name / D.O.B

For The Explorer, Associate, & Benefactor Membership only:

Child Name / D.O.B

Please choose your magazine subscription:

Child Name / D.O.B

Smithsonian Air & Space

(Write on back if needed)

Method of Payment

Cash MasterCard Visa American Express Discover Check/Check# _____

Credit Card #

Exp. Date

CVV CODE