

Please send your completed application to Fernbank Museum Member Services Office by fax to 404.929.6405 or by mail to Fernbank Museum Member Services, 767 Clifton Road, Atlanta, GA 30307. For questions, please call the Member Services Office (open M-F, 9 a.m.–5 p.m.) at 404.929.6340 or e-mail us at membership@fernbankmuseum.org.

**MEMBERSHIP CARD INFORMATION** (Please print)

Dr. / Mr. / Mrs. / Ms. / Miss \_\_\_\_\_

Dr. / Mr. / Mrs. / Ms. / Miss \_\_\_\_\_

Address \_\_\_\_\_

City, State &amp; Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ E-mail \_\_\_\_\_

\*If this is a gift membership, please indicate here whom the gift is from:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

 New Membership

 Gift Membership

 Renewal

**Membership Levels**
 Individual . . . . . \$75

 Family/Dual . . . . . \$95

 Family Advantage . . . . . \$150

 IMAX<sup>®</sup> Advantage . . . . . \$175

 Patron . . . . . \$300

 Patron Supporter . . . . . \$500

 Patron Leader . . . . . \$1000

**Guild Membership Levels**
 Artemis Young Patron . . . . . \$150

 Artemis Patron . . . . . \$300

 Artemis Patron Supporter . . . . \$500

 Artemis Patron Leader . . . . . \$1000

 *Please send information about Polaris, the Museum-based volunteer guild.*

Students and Seniors (62+) receive a 10% discount on Individual and Family/Dual memberships with valid ID. If you are faxing this form, please also fax a copy of your I.D. to receive a Student/Senior Discount.

**Membership Enhancements**
 Additional Children (*limit 4*) . . . . . \$15 per child \$ \_\_\_\_\_

 Add a Guest (*limit 2*) . . . . . \$25 per guest \$ \_\_\_\_\_

 Add a Caregiver (*limit 2*) . . . . . \$25 per caregiver \$ \_\_\_\_\_

Caregiver name: \_\_\_\_\_

**PAYMENT INFORMATION**
 Cash

 Enclosed is a check payable to Fernbank Museum of Natural History

Check # \_\_\_\_\_ Date \_\_\_\_\_

 Charge to:  VISA  MC  AMEX  DISCOVER

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please note: Museum members are asked to show a photo ID when presenting their membership card for admission and discounts.

**MATCHING GIFT: Will your employer match your gift? If so, please submit the name of your company and a matching gift form from the organization.**

For office use only:

USED IP# \_\_\_\_\_

MP# \_\_\_\_\_

TI \_\_\_\_\_

DATE: \_\_\_\_\_