

Membership Application

Yes, I would like to be a Whitaker Center member!

New Member Renewal Gift

Tell us about yourself

Mr. Mrs. Ms. Dr. Other

Adult _____

Mr. Mrs. Ms. Dr. Other

Adult _____

Would you like to receive member email updates?

Yes No

E-mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Children or Grandchildren (ages 3-18)

Choose your desired Membership Level

Basic Memberships

- Individual - One adult \$59
- Family/Grandparent \$89
(2 adults and children/grandchildren ages 3-18)

Contributing Memberships

- Friend (\$75 tax deductible) \$150
- Topaz (\$302 tax deductible) \$500
- Sapphire (\$713 tax deductible) \$1,000
- Ruby (\$2,172 tax deductible) \$2,500

I would like to make an additional gift of \$ _____

Total Payment _____

Enter payment information

- Cash (do not mail)
- Check (payable to Whitaker Center)
- Visa Mastercard
- Discover American Express

Cardholder Name _____

Account # _____

Expiration Date _____

Signature _____

This is a Gift Membership from:

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Gift must reach recipient by (date) _____

- Send to giver Send to recipient

Sign card from _____

Include this message _____

Whitaker Center for Science and the Arts

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FAX 717/221-8208

Email khicks@whitakercenter.org

FOR OFFICE USE ONLY

Sale # _____ Date _____
IMAX used # IMAX owed _____
Sold by _____ Rec'd by _____

MEMBER SERVICES

Sale # _____ Initials _____
Authorize # _____ Process Date _____
Member # _____