

# 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 # \_\_\_\_\_