



RIVER LEGACY
LIVING SCIENCE CENTER

Membership Application

NEW RENEWAL # _____

Membership Level:

- Basic:** Individual - \$50 Family - \$100
Benefactor: Red-Eared Slider - \$250 Bobcat - \$500 Great Blue Heron - \$1,000

Membership Household:

1st Adult Name _____
 2nd Adult Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone # _____ (Home Cell) E-mail _____
 Yes, please send me your monthly E-Newsletters

of Children/Grandchildren ages 3 to 12 included in membership _____ (Please list below)

Child's Name _____ Age _____
 Child's Name _____ Age _____
 Child's Name _____ Age _____
 Child's Name _____ Age _____

Additional Membership Options:
 Add-A-Child (3 to 12) \$15 x _____ (QTY) = _____
 Add-An-Adult (13 +) \$25 x _____ (QTY) = _____

Additional Children and Adults can be listed on back of form. Membership Level Amount \$ _____
 Total Membership Fees \$ _____

Gift From: (if applicable)

Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone # _____ (Home Cell) E-mail _____

Send Gift To: Me Gift Recipient Yes, please send me your monthly E-Newsletters

I would like to share nature with others by making a tax-deductible donation \$ _____.

Please take completed form and payment to River Legacy Living Science Center's Acorns Gift Shop.

Thank You for Your Support!

All membership benefits are nontransferable and membership fees are non-refundable. Members must present a photo ID with their membership card and check in at the Gift Shop before admittance into Discovery Room. There will be a \$5 replacement fee for lost cards.

Membership Application

Additional Household Members:

Children:

Child's Name _____ Age _____
Child's Name _____ Age _____
Child's Name _____ Age _____
Child's Name _____ Age _____
Child's Name _____ Age _____
Child's Name _____ Age _____
Child's Name _____ Age _____
Child's Name _____ Age _____
Child's Name _____ Age _____
Child's Name _____ Age _____

Adults:

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

FOR SCIENCE CENTER USE ONLY

Application date _____

Payment Method: Check Visa MasterCard Discover American Express Online

Membership Card Issued (Date & Initial) _____

Membership Packet Issued (Date & Initial) _____