

Membership Application

Please enroll me as a Lawrence Hall of Science member in the following category:

<input type="checkbox"/> Senior \$45
<input type="checkbox"/> Individual \$50
<input type="checkbox"/> Family/Grandparents
<input type="checkbox"/> Family Plus (Best Value) \$125
<input type="checkbox"/> Sponsor \$250
<input type="checkbox"/> Associate \$500
<input type="checkbox"/> Partners In Science \$1,000
I am a <input type="checkbox"/> UCB Alumni <input type="checkbox"/> UCB Staff member and receive \$5 discount. (Please enclose a copy of proof of status)

Member Information

Name One:		
Name Two: <small>(for Family/Grandparents and higher memberships only)</small>		
Name Three: <small>(for Family Plus and higher memberships only)</small>		
Name Four: <small>(for Family Plus and higher memberships only)</small>		
Street Address:		
City:	State:	Zip:
Daytime Phone:	Email:	

Payment Information

<input type="checkbox"/> Enclosed is my check made payable to The Regents of the University of California.
Total enclosed: \$ _____
<input type="checkbox"/> Please bill my Visa, MasterCard or Discover Card (circle one):
Card #: _____
Expiration Date: _____ Amount \$: _____
Cardholder's Name: _____

Memberships are valid for one year from date of purchase and are non-refundable and not transferable.

Gift Membership Information

I would like to purchase a Gift Membership for:

Recipient's Name(s):

Street Address:

City:

State:

Zip:

Daytime Phone:

Email:

Membership Category:

Amount Paid \$ _____

Please list primary card holder name, up to two cardholder names for Family/Grandparents level or higher or up to four cardholder names for Family Plus level or higher:

Include the following gift message (please print clearly):

Be sure to include your own name and address information. Check here if you would like us to mail the gift membership package to:

You (gift donor)

Gift recipient

Return application with payment to:

Membership

University of California, Berkeley

Lawrence Hall of Science, Memberships # 5200

Berkeley, CA 94720-5200

For office use only:

MEMBER # _____ EXP. DATE _____ AMT. PAID _____

MAIL DATE _____ PROCESSED BY _____