

MEMBERSHIP APPLICATION

Please complete all the information below and mail to:
Fleet Science Center, Membership Department, P. O. Box 12010, San Diego, CA 92112

- Individual \$89 Individual Plus \$109 Household Plus \$199
 Adventurer \$249 Voyager \$399 Gallery-Only Household \$119
 Donation:
Support the Fleet Science Center with a donation of \$ _____

Primary member name: _____

Street address: _____ City: _____

State: _____ ZIP: _____

Email: _____ Phone number: _____

Member 1 First & last name _____ Birth Date ____/____/____ Adult Child

Member 2 First & last name _____ Birth Date ____/____/____ Adult Child

Member 3 First & last name _____ Birth Date ____/____/____ Adult Child

Member 4 First & last name _____ Birth Date ____/____/____ Adult Child

Member 5 First & last name _____ Birth Date ____/____/____ Adult Child

Member 6 First & last name _____ Birth Date ____/____/____ Adult Child

Gift membership: Is this membership for someone else? Yes No

Gift recipient name: _____

Street address: _____ City: _____

State: _____ ZIP: _____

Email: _____ Phone number: _____

Enclosed is my check payable to: Fleet Science Center

Please Charge: VISA MasterCard Discover American Express

Card Number

_____/_____
Exp. Date CVV

Authorizing Signature

Membership Payment	\$ _____
Member add-on (\$50 each)	\$ _____
Tax-Deductible Donation	\$ _____
Total	\$ _____