

South Shore Natural Science Center

MEMBERSHIP APPLICATION FORM

Title: Mr. Mrs. Ms. Other

First Name _____ Last Name _____ DOB _____

Spouse/Partner First Name _____ Last Name _____ DOB _____

Names of Children under age 18:

First Name _____ Last Name _____ DOB _____

First Name _____ Last Name _____ DOB _____

First Name _____ Last Name _____ DOB _____

First Name _____ Last Name _____ DOB _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____

Evening Phone _____

Email _____

Membership Categories:

- | | |
|-----------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Contributing \$100/year |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Sustaining \$150/year |
| <input type="checkbox"/> Individual Adult \$30/year | <input type="checkbox"/> Patron \$500/year |
| <input type="checkbox"/> Grandparents & Grandchildren \$60/year | <input type="checkbox"/> Benefactor \$1,000/year |
| <input type="checkbox"/> Family \$70/year | |

Is this membership a gift? Yes No

If yes, would you like a special gift certificate? Yes No

Donor Name _____

Phone _____ Email _____

Payment Type:

Cash Check

Credit Card: Mastercard Visa Discover AMEX

Name on Card _____

Card # _____

Expiration Date _____ CVV Code _____

How did you hear of SSNSC? _____

Name of Member Referral _____

I would like to learn more about: Volunteering Scouts

School Programs Nature Center Preschool Camp

Birthday Parties Facilities Rental

Send completed application and payment to:

South Shore Natural Science Center

Attention: Membership

48 Jacobs Lane, Norwell, MA 02061



For Office Use Only:

Date Received _____ Check # _____

Credit Card Process Date _____ Daxko _____

Access _____ CC _____

Key Tags _____ / _____

Welcome Packet _____ Staff Name _____