South Shore Natural Science Center

MEMBERSHIP APPLICATION FORM

Title: ☐ Mr. ☐ Mrs. ☐ N	1s. □ Other		
First Name	Last Name		DOB
Spouse/Partner			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 Categorie	es:		
□ New		☐ Contrib	uting \$100/year
□ Renewal		☐ Sustaining \$150/year	
☐ Individual Adult \$25/year		☐ Patron \$500/year	
☐ Grandparents & Grandchildren \$55/year		☐ Benefactor \$1,000/year	
☐ Family \$65/year			
Is this membership a gift?	□Yes □ No		
If yes, would you like a spe		□Yes □ N	lo
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	
□ Rirthday 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	1
Welcome Packet	Staff Name

The South Shore Natural Science Center is a South Shore YMCA Organization http://southshorenaturalsciencecenter.org • https://www.facebook.com/ssnsc