

WONDERLAB MEMBERSHIP APPLICATION

Lookup ID: _____

PLEASE PRINT CLEARLY

TODAY'S DATE: _____

1 I WOULD LIKE THE FOLLOWING TYPE OF MEMBERSHIP (Choose one).

Basic Family (five named family members) **\$98-1yr/\$186-2yr**
Additional named family members or caregiver (each \$15-1 yr/\$30-2 yr)

Premier Family (five named family members) **\$137-1yr/\$264-2yr**
Additional named family members or caregiver (each \$15-1 yr/\$30-2 yr)

Grandparent (two grandparents + grandchildren) **\$119-1yr/\$228-2yr**

Dual (please select one of the following): **\$64-1yr/\$123-2yr**
 Two family members One adult + guest One child + adult guest

Individual (one adult 18 or older) **\$34-1yr/\$63-2yr**

2 PURCHASER INFORMATION (Must be an ADULT):

FIRST NAME _____ LAST NAME _____ Mr. Ms. Miss Dr.

ADDRESS _____ APT. _____ Mrs. Other _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ DAYTIME PHONE _____ E-MAIL ADDRESS (please indicate if you would not like to receive our e-newsletters) _____

Check here if this is a gift membership. If checked, do not fill out section 3. Message to recipient on back of form

TITLE _____ FIRST NAME _____ LAST NAME _____

ADDRESS _____ APT. _____ Gift Certificate # _____

CITY _____ STATE _____ ZIP _____

Office Use: Mail certificate to recipient Certificate given to purchaser at Visitor Services Payment received Entered in Altru

3 LIST FAMILY MEMBERS who will be named on membership card and provide birthdates for CHILDREN and GRANDCHILDREN 17 and younger. Note: membership benefits apply only to people listed on your card.

TITLE	FIRST NAME	LAST NAME	CHILDREN'S BIRTHDATES MO/DAY/YEAR	CIRCLE ONE	RELATIONSHIP TO PURCHASER
_____	_____	_____	____/____/____	M F	_____
_____	_____	_____	____/____/____	M F	_____
_____	_____	_____	____/____/____	M F	_____
_____	_____	_____	____/____/____	M F	_____

List additional family members on back. **There is a fee for more than five members on Basic and Premier.**

4 PAYMENT

a. Circle cost of your membership type (**Individual** \$34/\$63; **Dual** \$64/\$123; **Basic** \$98/\$186; **Grandparent** \$119/\$228; **Premier** \$137/\$264) Amount \$ _____

b. Plus _____ additional family members/caregiver (**Basic** or **Premier Family** only \$16-one year/\$32-two year) Amount \$ _____

c. You will receive two membership cards. Additional cards are \$5.00 _____ x \$5 = Amount \$ _____

d. I have included an additional donation to WonderLab Amount \$ _____

PAYMENT METHOD

Check or Money Order. Please make payable to WonderLab. Check number _____

Cash (only accepted in person at the museum)

Visa Mastercard

Discover AMEX

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CREDIT CARD NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRATION DATE

SIGNATURE

NAME AS IT APPEARS ON CREDIT CARD

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CSV CODE (BACK OF CARD)

Member will pick up permanent card at Visitor Services
to pick cards, please provide a local phone or email address

Mail card to member

Please mail or fax this form and your payment to:

WonderLab • PO Box 996 • Bloomington, IN 47402-0996 • Fax (812) 330-1337

For more information about membership, please call **(812) 337-1337 ext. 15**

WonderLab is a private nonprofit 501(c)(3) organization that relies upon earned revenue and philanthropic support. Thank you for your support.

• The information you provide is for WonderLab use only and is never shared with third parties.

* Membership is good for general admission only and does not apply to group or school visits.

* Memberships are non-transferable and non-refundable.

FOR OFFICE USE ONLY

New

Renew/Rejoin

Upgrade

Info update

Perm. Expiration:

____/____/____

Sales Date: _____

Order # _____

Temp. Expiration Date: _____

Date Perm Card Issued: _____

Notes

Received: LN Received or declined: Parking Pass

Initials _____

POP 1/1/16

Membership Details

What a Value!

MEMBERSHIPS

- FREE general admission to WonderLab
- Free admission to WonderLab applies only to general admission. It does not apply to group visits
- FREE general admission to over 350 other ASTC science centers around the world
- Members-only discounts and special benefits
- Subscription to newsletter & e-updates

Individual

- **One year: \$34 or Two year: \$63**
- For one adult, 18 or older

Dual

- **One year: \$64 or Two year: \$123**
- For two family members named on card or one person named on card plus one unnamed guest

Basic Family

- **One year: \$98 or Two year: \$186**
- For up to five family members named on card or four family members and caregiver

Premier Family

- **One year: \$137 or Two year: \$264**
- For up to five family members named on card or four family members and caregiver

Additional benefits:

- Member may bring up to two guests per daily visit
- Discount on after-hours museum rentals
- Birthday card for each child listed with birth date

Grandparent

- **One year: \$119 or Two year: \$228**
- For up to two grandparents in the same household to accompany their grandchildren, ages 17 and younger.

Additional benefit:

- Grandparent may bring in two guests per daily visit

Adding Names to Your Card

To add additional family members or caregiver to your Basic or Premier membership, add \$16 for each extra family member named for a one-year membership or \$32 for each extra family member named for a two-year membership.

© 2015 WonderLab

TITLE	FIRST NAME	LAST NAME	MO/DAY/YEAR	ONE	TO PURCHASER
			/ /	M F	
			/ /	M F	
			/ /	M F	
			/ /	M F	

Visit any day of the year for free!
Become a Member!
Memberships
& Gift Memberships



Courtesy: Kip May Photography

FREE general admission to WonderLab and hundreds of other ASTC science centers, plus much more!

See details on inside panel.



308 W. 4th St.
 Bloomington, Indiana
wonderlab.org/membership