

# WONDERLAB MEMBERSHIP APPLICATION

Lookup ID: \_\_\_\_\_

PLEASE PRINT CLEARLY

TODAY'S DATE: \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Basic Family</b> (five named family members) <b>\$148-1yr/\$248-2yr</b><br>Additional named family members or caregiver (each \$28-1 yr/\$50-2 yr)   | <input type="checkbox"/> <b>Grandparent</b> (two grandparents + grandchildren) <b>\$168-1yr/\$268-2yr</b>   |
| <input type="checkbox"/> <b>Premier Family</b> (five named family members) <b>\$188-1yr/\$298-2yr</b><br>Additional named family members or caregiver (each \$28-1 yr/\$50-2 yr) | <input type="checkbox"/> <b>Dual</b> (please select one of the following): <b>\$85-1yr/\$145-2yr</b><br><input type="checkbox"/> Two family members <input type="checkbox"/> One adult + guest <input type="checkbox"/> One child + adult guest |
|  | <input type="checkbox"/> <b>Individual</b> (one adult 18 or older) <b>\$45-1yr/\$75-2yr</b>   |

## 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 check  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  
 Gift Certificate # \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 Send first renewal notice to:  
 Purchaser  Recipient   
**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.

FIRST NAME	LAST NAME	ADULT OR CHILD CIRCLE ONE	CHILDREN'S BIRTHDATES MO/DAY/YEAR	RELATIONSHIP TO PURCHASER
_____	_____	A    C	____/____/____	_____
_____	_____	A    C	____/____/____	_____
_____	_____	A    C	____/____/____	_____
_____	_____	A    C	____/____/____	_____

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** \$45/\$75; **Dual** \$85/\$145; **Basic** \$148/\$248; **Grandparent** \$168/\$268; **Premier** \$188/\$298)    Amount \$ \_\_\_\_\_  
 b. Plus \_\_\_\_\_ additional family members/caregiver (**Basic** or **Premier Family** only \$23-one year/\$35-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**    Applied Ticket Credit = Amount \$ \_\_\_\_\_  
 Check or Money Order. Please make payable to WonderLab. Check number \_\_\_\_\_    **TOTAL \$** \_\_\_\_\_  
 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

Form may be mailed or faxed with 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. 231**  
*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    Sales Date: \_\_\_\_\_  
 Renew/Rejoin    Order # \_\_\_\_\_  
 Upgrade    Temp. Expiration Date: \_\_\_\_\_  
 Info update    Date Perm Card Issued: \_\_\_\_\_  
 Perm. Expiration: \_\_\_\_\_    Notes \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    Initials \_\_\_\_\_