WONDERLAB MEMBERSHIP APPLICATION			DATE:					
1 I WOULD LIKE THE FOLLOWING	G TYPE OF MEMBERSHIP – CI	hoose	one					
□ Basic Family – 5 named family members \$158-1yr/\$268-2yr Additional named family/caregiver each \$30-1 yr/\$54-2yr □ Premier Family – 5 named family members \$198-1yr/\$318-2yr Additional named family/caregiver each \$30-1 yr/\$54-2yr			☐ Grandparent – 2 grandparents + grandchildren \$178-1yr/\$28☐ Dual – select one of the following: \$95-1yr/\$165-2yr☐ 2 family members ☐ 1 adult + guest ☐ 1 child + adult guest☐ Individual – 1 adult 18 or older \$50-1yr/\$85-2yr					
2 PURCHASER INFORMATION – I	Must be an ADULT							
FIRST NAME	LAST NAME							
PHONE	EMAIL							
ADDRESS / APT #								
CITY	STATE		ZI	P				
3 LIST FAMILY MEMBERS who was 17 and younger. Note: members			_		dates fo	r CHILDRI	EN and GRANDCHIL	.DREN
, ,	ST NAME	ADULT O	OR CHILD E ONE	CHILDREN'S	BIRTH DATE AY/YEAR	≣S	RELATIONSHIP TO PURCHASER	
		Α	С	/_	/			
		Α	С	/	/			
		А	С					
				//	/			
		Α	С	/	/			
List additional family members	s on back. <b>There is a fee for m</b> e	ore th	an five ı	members	on Basic	and Prem	nier.	
4 CALCULATE THE PRICE								
a. Circle cost of your membership								
Individual \$50/\$85; Dual \$95/\$							Amount \$	
<ul> <li>b. Plusadditional family members/caregiver Basic or Premier Family only \$30-one year/\$54-t</li> <li>c. You will receive two membership cards. Additional cards are \$5.00</li> </ul>						•		
d. I have included an additional donation to WonderLab						x	Amount \$	
d. Applied Ticket Credit - attach receipt							Amount \$	
a. Applica Florest Greate attach re	Colpt						TOTAL \$	
5 PAYMENT METHODS						FOR OFF	ICE USE ONLY	
☐ Check or Money Order. Please make payable to WonderLab. Check number						□ New	.01 001 0.11	
☐ Cash (only accepted in person at the museum)						☐ Renew	//Reioin	
☐ Credit Card at Museum: Bring this application and credit card into the museum						☐ Info up	•	
☐ Credit Card via Phone: Mail your application and then receive a call to collect payment.							ent ID:	
ŕ						Perm. Ex		
6 SUBMIT PAYMENT: Bring the fo	rm with your payment to Wond	derLab	– OR –				/	
This form may be mailed with your payment to:							 te:	
WonderLab • PO Box 996 • Bloomington, IN 47402-0996								
							piration Date:	
For more information about membership, please call (812) 337-1337 ext. 231						Notes:		
DISCLAIMER								
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 philan-						VS Initials	5	
thropic support. Thank you for your support.						. o miliale		
• The information you provide is for WonderLab use only and is never shared with third parties.						MEM. M	ANAGER USE ONLY	1
* Membership is good for general admission only and does not apply to group or school visits.  * Memberships are non-transferable and non-refundable.						Date Peri	m Card Issued:	