

MEMBERSHIP FORM

Become a member and start your journey of discovery today! Experience. Learn. Connect. Support.

MEMBER INFORMATION	MEMBERSHIP
Adult Name (1):	MUSEUM ASSOCIATES
Adult Name (2):	☐ Individual - \$50
Address:	☐ Dual - \$85 Best
City:State:ZIP:	☐ Household - \$125 Value
Preferred Phone:	☐ Supporting - \$275
Email:	100/ l'
(required for renewal notices)	10% discount on membership
☐ Yes, I would like to receive email information on Museum programs, news, and specials.	☐ Senior (62+, with valid photo ID)
	☐ Student Discount (With valid FL College ID)
A GIFT FROM	☐ UF Employee Discount (With Valid ID)
Name(s):	CURATORS SOCIETY
Address:	☐ Benefactor - \$500+ ☐ Patron - \$2,500+
City: State: Zip:	☐ Fellow - \$1,000+ ☐ Director's Circle - \$5,000+
Home Phone:	MEMBERSHIP ADD ONS
Cell Phone:	MEMBERSHIP ADD-ONS
Email:	Add-a-Guest \$35
Message to recipient:	☐ Add-a-Caregiver* \$35 (Household level and above)
	Name of Caregiver:
	Membership Subtotal: \$
SEND ME INFORMATION ON:	ADDITIONAL SUPPORT
☐ Volunteer Opportunities	\square I'd like to give an additional donation of $\$$ —————
☐ Exhibit Sponsorship	TOTAL AMOUNT A
☐ Supporting Museum Education	TOTAL AMOUNT \$
ADDITIONAL INFORMATION	PAYMENT METHOD
•Children are between the ages of 3 and 17.	\square Enclosed check payable to the UF Foundation
•Membership discounts cannot be combined.	\square Please send me forms for UF payroll deduction (OPS not eligible
Discounts cannot be applied to Curators Society Memberships or Add-Ons.	☐ Charge my credit card
·Memberships are non-refundable and non-transferable.	Official Use Only:
	Initial Date
	Transaction # Customer #



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