

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:	10% discount on membership
(required for renewal notices) ☐ 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)
	☐ UF Employee Discount (With Valid ID)
A GIFT FROM	
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:	☐ Add-a-Guest \$35
Email:	☐ Add-a-Caregiver* \$35 (Household level and above)
Message to recipient:	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	
☐ Supporting Museum Education	TOTAL AMOUNT \$
ADDITIONAL INFORMATION	PAYMENT METHOD
Children are between the ages of 3 and 17.	☐ Enclosed check payable to the UF Foundation
Membership discounts cannot be combined.	☐ Please send me forms for UF payroll deduction (OPS not eligible)
Discounts cannot be applied to Curators Society Memberships or Add-Ons. Memberships	☐ Charge my credit card
are non-refundable and non-transferable.	
	Official Use Only:
	Initial Date
	Transaction # Customer #



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