

MUSEUM MEMBERSHIP



enjoy

a full year

of fun & discoveries!



MEMBERSHIP

Check: New Renewal

Name 1 _____

Name 2 _____

Address _____

City/State/Zip _____

Phone _____

Number of children in household = _____

OR number of grandchildren = _____

Email _____

CATEGORY	AMOUNT DUE
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ACM Reciprocal . . . \$145 _____ or PLUS level \$170 _____

Family \$95 _____ or PLUS level \$145 _____

Grandparent \$80 _____ or PLUS level \$130 _____

Active Military
Sponsored by Electric Boat Employees' Community Services Assoc.

E1-E4 \$45 _____

E5-E7 \$55 _____

E8, 01-03, W1-W3. \$65 _____

E9, 04, & above, W4-W5. \$75 _____

Supporting \$200 _____

Angel Fund \$ _____

Nanny Option Add \$20 _____

Nanny's name: _____

FORM OF PAYMENT

Cash Check Visa/MC/Disc/AmEx

Credit Card No. _____

Expires ___ / ___ CVV No. _____

Signature _____