

MUSEUM OF NATURAL HISTORY • CITY OF PROVIDENCE/MUSEUM FUND

MEMBERSHIP APPLICATION

Please enter the following membership(s) in the Museum at the level indicated.
(Click to check boxes, tab to each field to type in your information. All information, including e-mail address, is for Museum use Only and will be kept strictly confidential.) Mail this form and payment to the address below.

ANNUAL MEMBERSHIP LEVELS

All membership categories are fully tax deductible

☐ Gift ☐ New ☐ Renewal:
Member No.

☐ Family Membership \$50.00 (One year)

▸ Free admission throughout the year (unlimited FREE admission for 2 adults and up to 4 children (age 17 and under) to Museum and Cormack Planetarium

▸ Invitations to our members-only exhibition preview parties and behind-the-scenes tours

▸ Fees discounts for public programming (does not include school group or scout programs)

▸ Complimentary subscription to the Museum's Monthly Newsletter

▸ A 10% discount on purchases at the Museum's gift cart

▸ Opportunities to volunteer

▸ Discount at RWP Carousel Village

☐ Senior Citizens \$40.00 (One year)

Benefits of Family Membership at a special rate! Seniors must be age 65 or over

☐ INDIVIDUAL --\$25.00 (One year)

Benefits of membership for one person at a special rate!

☐ Student --\$20.00 (One year)

Benefits of membership for one person at a special rate! Students must send copy of valid school I.D. with application.

☐ Lifetime Membership --\$500

PATRON CATEGORIES

For those wishing to demonstrate a higher level of philanthropic support, we would encourage you to make a donation at one of the following levels:

☐ The John Steere Club --\$150

☐ Lifetime Membership --\$500

MEMBERSHIP INFORMATION

MEMBER

Name (adult #1)

Name (adult #2)

Address

City

State

Zip

Daytime phone

Evening Phone

E-mail:

☐ I prefer to receive renewal notices and events announcements by e-mail.

FOR GIFT MEMBERSHIPS ONLY

Send this membership and gift and gift card to:

☐ Me

☐ Gift recipient

A gift card will be sent with the membership cards. It will include the giver's name and any words you wish to add:

GIFT GIVER (if applicable)

Name

Address

City

State

Zip

Telephone

PAYMENT METHOD

Enclosed is my membership fee of _____

☐ Check or money order enclosed payable to:

City of Providence/Museum Fund

(Must be in U.S. funds drawn on a U.S. Bank)

Mail your Payment and Form To:

Museum of Natural History and Planetarium-Membership

**Roger Williams Park
1000 Elmwood Avenue
Providence, RI 02097**

For more information call:

401-785-9457 ext 224

Signature of applicant: