



Membership Form

Name: _____

and/or

Company Name: _____

(only for corporate members)

Address: _____

E-Mail: _____ Phone: _____

(We use e-mail as an efficient way to communicate with our members, keeping you up to date on events and activities weekly at the museum.

We respect your privacy and will not share your e-mail address.)

Please list all family members, birthdays and genders:

Adults: _____ (M/F)

_____ (M/F)

Children: _____ bday: __ / __ / __ (M/F)

_____ bday: __ / __ / __ (M/F)

_____ bday: __ / __ / __ (M/F)

_____ bday: __ / __ / __ (M/F)

_____ bday: __ / __ / __ (M/F)

_____ bday: __ / __ / __ (M/F)

Check Membership Category:

- | | | |
|---|---|--|
| <input type="checkbox"/> Student \$20 | <input type="checkbox"/> Single Parent \$45 | <input type="checkbox"/> Patron \$500 |
| <input type="checkbox"/> Senior \$20 | <input type="checkbox"/> Family \$70 | <input type="checkbox"/> Founder's Circle |
| <input type="checkbox"/> Individual \$35 | <input type="checkbox"/> Grandparent \$70 | \$1,000 |
| <input type="checkbox"/> Educator Plus \$35 | <input type="checkbox"/> Family Plus \$90 | <input type="checkbox"/> Corporate Partner |
| <input type="checkbox"/> Student Plus \$35 | <input type="checkbox"/> Friend \$100 | \$1,000+ |

___ I would like to donate a family membership for an Exploration Works scholarship fund to go to a family in the Helena community.

___ I would like to make a donation of \$ _____ to help support ExplorationWorks.