



Membership Application

New Membership Renewal Membership

OFFICE USE ONLY!

Date: _____

Staff Initials: _____

Primary Member Name: _____

Birth Date: ___/___/___

adult parent child grandparent grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult parent child grandparent grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult parent child grandparent grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult parent child grandparent grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult parent child grandparent grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult parent child grandparent grandchild

Caregiver Member Name (\$20 EXTRA): _____

Birth Date: ___/___/___

CONTACT INFORMATION:

Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

- Family \$100 Grandparent \$100 Dual \$70 Single \$40 UWFox Student \$25

PAYMENT INFORMATION:

Credit Card (Master Card or VISA): **BARLOW WILL CONTACT YOU FOR CARD INFORMATION!**

Check # _____ (payable to Barlow Planetarium)

Online: Transaction # _____ Cash

I/We would like to support Barlow's mission:
Sharing the Wonders of the Universe!

Membership Amount: \$ _____
 Caregiver Amount: \$ _____
 Donation Amount: \$ _____
TOTAL DUE: \$ _____

REMINDERS: Free admission benefit does not apply when member visits as part of school, group, class or tour. An adult must accompany children under 13 years of age. Children 3 and older must be included on the membership. Individual members must be 16 years of age or older. Replacement cards are \$5 each. Memberships are nonrefundable and nontransferable.

(REVISED: 2/15/12)

Sharing the Wonders of the Universe

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