

# Join the Da Vinci Science Center Today!

## Basic Membership Levels

**Family Membership:** Member benefits for 2 adults and up to 4 children (17 & under). (May add a caregiver and/or up to 2 additional children to membership for \$20 each/per year.)

**Grandparent Membership:** Member benefits for 2 grandparents and up to 4 grandchildren (17 & under). (May add up to 2 additional grandchildren to membership for \$20 each/per year.)

**Dual Membership:** Membership benefits for 2 cardholders.

**Individual Membership:** Membership benefits for 1 adult cardholder.

## Supporting Membership Levels

**\$150** All benefits of a Family Membership PLUS a one-year REACH Family Membership donated to a child in need.

**\$250** All benefits of a \$150 membership PLUS 2 tickets the Center's Science Hall of Fame Awards and Keynote program.

**\$500** All benefits of a \$250 membership PLUS 2 tickets to the Center's Science Hall of Fame Dinner.

Memberships are tax-deductible to the fullest extent allowed by law. The official registration statement and financial information for The Da Vinci Discovery Center of Science and Technology, Inc. can be obtained from the Pennsylvania Department of State by calling toll-free in Pennsylvania, 800.732.0999. Registration does not imply endorsement.

## Membership Registration

Level		1 Year	2 Years	=	_____
<input type="checkbox"/> Family		\$90	\$162	=	_____
<input type="checkbox"/> Grandparent		\$75	\$135	=	_____
<input type="checkbox"/> Dual		\$65	\$117	=	_____
<input type="checkbox"/> Individual		\$40	\$72	=	_____
<input type="checkbox"/> \$150 (single year only)				=	_____
<input type="checkbox"/> \$250 (single year only)				=	_____
<input type="checkbox"/> \$500 (single year only)				=	_____
<b>Additions</b>					
<input type="checkbox"/> Additional Caregiver		\$20	\$40	=	_____
(Available for Family Membership Only)					
<input type="checkbox"/> 1 Additional Child		\$20	\$40	=	_____
(Available for Family and Grandparent Membership Only)					
<input type="checkbox"/> 2 Additional Children		\$40	\$80	=	_____
(Available for Family Membership Only)					
				<b>Grand Total</b>	= _____

Full Name of First Adult \_\_\_\_\_ Total Number of Children \_\_\_\_\_

Full Name of Second Adult \_\_\_\_\_

Full Name of Caregiver (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Payment Method:  Check/Money Order (payable to "Da Vinci Science Center")  Visa  MasterCard  
 American Express  Discover

Name on Card \_\_\_\_\_ Acct \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Kate Geren, Membership Coordinator; Da Vinci Science Center; 3145 Hamilton Blvd. Bypass; Allentown, PA 18103