

Membership Application

New Member **Renewal Membership ID #** _____

Membership cards will list up to two names.

❶ First Name: _____

Last Name: _____

❷ First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone with Area Code: _____

Email address: _____@_____

Email address required to receive newsletter and other Museum communications. Your address will never be shared with a third party.

Number of children in the household or grandchildren under the age of 18:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Membership Level

Individual \$50

Family \$75

Sustainer \$150

Benefactor \$250

Schiele Society \$500

Guardian \$2,000

Is this a Gift Membership?

Yes No

Ship to Recipient?

Yes No

Recipients First Name: _____ Recipients Last Name: _____

Recipients Address: _____

Recipients Address 2: _____

Recipients City: _____ Recipients State: _____ Recipients Zip: _____

Recipients Phone (including Area code): _____

Recipients email: _____@_____

Special Instructions: _____

Payment:

Visa Mastercard Check (Made payable to Schiele Museum) Cash (in person ONLY)

Card Number: _____ Card Expiration Date: Month _____ Year _____

To help us plan our programs,

Please check the appropriate categories below: (check more than one if applicable)

Age of Adults in Household:

Under 24 25-35 36-54 55-64 65+

Age of Children in Household:

None 1-6 7-12 13-18

Please mail or fax this form to:

**The Schiele Museum of Natural History
1500 E. Garrison Boulevard
Gastonia, NC 28054
ATTENTION: Membership**

Fax: 704.866.6041

For more information on membership, please call 704.866.6904.