



DA VINCI SCIENCE CENTER® Membership Form



Your membership made more affordable with support from



Proud Sponsor of the Da Vinci Science Center Membership Program

4 Easy Ways to Join

- Web: davincisciencecenter.org/membership
- Visit: At the Center during visitor hours
- Call: 484.664.1002, Ext. 144
- Postal Mail:
Da Vinci Science Center Membership
3145 Hamilton Blvd. Bypass
Allentown, PA 18103

Membership Office

Da Vinci Science Center
3145 Hamilton Blvd. Bypass
Allentown, PA 18103
Phone 484.664.1002, Ext. 144
Fax 484.664.1002
E-Mail members@davincisciencecenter.org
davincisciencecenter.org/membership

Membership Purchase Type

New Renewal Gift (Please use GIFT MEMBERSHIP FORM)

Membership No. on Card _____

Membership Options

SAVE 33% OFF SECOND YEAR

| | One Year | Two Years |
|---|----------|-----------|
| <input type="checkbox"/> Individual | \$45.00 | \$74.00 |
| <input type="checkbox"/> Dual | \$60.00 | \$99.00 |
| <input type="checkbox"/> Senior | \$80.00 | \$132.00 |
| <input type="checkbox"/> Family | \$85.00 | \$139.00 |
| <input type="checkbox"/> Family Plus | \$115.00 | \$189.00 |
| <input type="checkbox"/> Added Caregiver/Child (x1)* Child (x1)* | \$20.00 | \$40.00 |

Membership Total \$ _____ \$ _____

Tax-Deductible Donation ** \$ _____ \$ _____

GRAND TOTAL \$ _____ \$ _____

* Available for Family, Family Plus, and Senior memberships. Not available for other membership levels.
**Please ask your employer if it has a *matching gift program*

Membership Information

Primary Adult Cardholder Mr./Mrs./Ms./Dr. (circle one)

Secondary Adult Cardholder Mr./Mrs./Ms./Dr. (circle one)

Postal Address _____ City, State, and Zip Code _____

Phone Number _____ E-Mail Address _____ DSC does not give nor sell e-mail addresses to any entity.

Twitter Handle _____ Instagram Handle _____

Employer Name _____

Caregiver - Optional Mr./Mrs./Ms./Dr. (circle one)

Child Name _____ Birth Date ____/____/____

Child Name _____ Birth Date ____/____/____

Child Name _____ Birth Date ____/____/____

Child Name _____ Birth Date ____/____/____

Payment Information

Check or Money order to DA VINCI SCIENCE CENTER

Visa MasterCard American Express Discover

Name on Card _____ Card Number _____ Exp. Date _____

Signature _____ Date _____

FOR INTERNAL USE ONLY

Source

Welcome Center Sale Welcome Center Renewal
 Renewal Mailing Phone Web
 Other _____

Temp. ID No. _____ Official Member No. _____

Sale Date _____ Initials _____

Vista Date _____ Initials _____

Excel Date _____ Initials _____

The Da Vinci Discovery Center of Science and Technology, Inc. (or "Da Vinci Science Center") is an independent nonprofit organization with IRS 501(c)(3) status. Its federal tax identification number is 23-2824084. The official registration and financial information for the Da Vinci Science Center may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1.800.732.0999. Registration does not imply endorsement. Information relating to all Da Vinci Science Center registrations can be accessed on the web at davincisciencecenter.org/disclosures.



DA VINCI
SCIENCE
CENTER®

Gift Membership Form

Your membership gift made more
affordable with support from



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Membership Options

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|---|----------|-------------------------------------|
| <input type="checkbox"/> Individual | \$45.00 | \$74.00 |
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| <input type="checkbox"/> Family Plus | \$115.00 | \$189.00 |
| <input type="checkbox"/> Additional Caregiver/Child (x1)* | \$20.00 | \$40.00 |
| Membership Total | \$ _____ | \$ _____ |
| Tax-Deductible Donation ** | \$ _____ | \$ _____ |
| GRAND TOTAL | \$ _____ | \$ _____ |

* Available for Family, Family Plus, and Senior memberships. Not available for other membership levels.
**Please ask your employer if it has a matching gift program

Purchaser Information

Name Mr./Mrs./Ms./Dr. (circle one)

Postal Address

City, State, and Zip Code

Phone Number

E-Mail Address

Twitter Handle

Instagram Handle

Payment Information

- Check/Money order to DA VINCI SCIENCE CENTER
 Visa MasterCard
 American Express Discover

Name on Card

Card Number

Exp. Date

Signature

Date

Membership Office

Da Vinci Science Center
 3145 Hamilton Blvd. Bypass, Allentown, PA 18103
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 Web: davincisciencecenter.org/membership

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Source

- Welcome Center Sale Welcome Center Renewal
 Renewal Mailing Phone Web
 Other _____

Temp. ID No.

Official Member No.

Sale Date

Initials

Vista Date

Initials

Excel Date

Initials

Recipient Information

Primary Adult Cardholder Mr./Mrs./Ms./Dr. (circle one)

Secondary Adult Cardholder Mr./Mrs./Ms./Dr. (circle one)

Caregiver - Optional Mr./Mrs./Ms./Dr. (circle one)

Postal Address

City, State, and Zip Code

Phone Number

E-Mail Address

Da Vinci Science Center does not give nor sell membership e-mail addresses to any entity.

Child Name

Birth Date

Child Name

Birth Date

Child Name

Birth Date

Child Name

Birth Date

Send Membership Materials to

- Me Recipient

Gift Message

YES! Please send me a renewal notice so I can give this gift again next year.

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