

MEMBERSHIP INFORMATION

Please write legibly. Sci-Quest does not share member information with any other party.

Category of Membership: _____

Cardholder 1 (all memberships)

Cardholder 2 (for grandparent or higher level)

Name: _____

Name: _____

E-mail: _____

E-mail: _____

I do NOT want this email added to the Sci-Quest E-blast.

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Please tell me about volunteer opportunities.

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Mailing Address: _____

City/State/Zip: _____

Preferred contact phone number: _____ Type: Home Office Cell

Name of Extra Adult(s) (additional \$20 each): _____

(Name can be changed for a \$5 replacement card fee)

Children: (Please include first and last names and birthday)

Name(s):

Birthday(s): mm/dd/yyyy

USE THIS SECTION TO PURCHASE A GIFT MEMBERSHIP

Recipient Information:

Gift Giver Information:

Name(s): _____

Name: _____

Email: _____

Mailing Address: _____

Category of Membership: _____

City/State/Zip: _____

Name of Extra Adult(s): _____

Phone number: _____

(Name can be changed for a \$5 replacement card fee)

Are you a Sci-Quest member? YES NO

Children: (Please include first and last names and birthday)

Send membership packet to: Recipient Gift Giver

Name(s):

Birthday(s):
mm/dd/yyyy

When should we mail? Now After this date: _____

Special message card is included for membership letter: YES NO

Mailing Address: _____

City/State/Zip: _____

Phone number: _____ Type: Home Office Cell

INDIVIDUAL DONATION INFORMATION

If you would like to make a separate donation to Sci-Quest, please complete the following information.

Check Amount \$ _____

Visa American Express

Amount to charge: \$ _____

Master Card Discover

Card number: _____

Expiration: _____

Signature: _____