HEADWATERS SCIENCE CENTER MEMBERSHIP

413 Beltrami Avenue, Bemidji, Minnesota 56601
Telephone (218) 444-4472
Website wwwhscbemidji.org

√ New membership ☐
or √ Renewal ☐

CARDHOLDER NAME(S) _____
(Please list children and other family members below.)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

TELEPHONE: HOME _____ WORK _____

CELL _____

☐ Check to receive newsletter by e-mail to save us postage.

We/I may be able to help in thef ollowing way(s):

____Building exhibits ____Exhibit docent
____Programs ____Working in the store
____Office work ____Telephoning
____Computer Other_____

DISCOVER VISA MasterCard

Please make checks payable to *Headwaters Science Center* or stop in or call (218) 444-4472 to use a credit card.

☐ Individual Membership ✦ $40 without ASTC ✦ $60 with ASTC

Individual membership for one year, with unlimited entry to the exhibit hall.
+ Receive our newsletter, The Current
+ Discount of 10% on all purchases in our store
+ (with ASTC option) reciprocal admission to over 350 other science centers or museums throughout the U.S.

☐ Family Membership ✦ $65 without ASTC ✦ $85 with ASTC

All of the above, exchanging the individual membership for a one-year household membership. A family includes members living at one address, with a maximum of 10 per household. Additional members in the household are $6 each.

☐ Grandparents' Membership ✦ $65 without ASTC ✦ $85 with ASTC

Grandparents and an unlimited number of grandchildren up to the age of 18.

A caregiver can be added to a family membership for an extra $20. The caregiver does not have to be named and can be different each time the family visits.

I would like to give and additional tax deductible donation to HSC:
☐ $10 ☐ $50 ☐ $25 ☐ $100
☐ other amount _____
☐ I would like to learn about including HSC in my estate plans.

✦ A family membership includes members living at one address, with a maximum of 10 per household.
✦ Grandparents' membership = up to 2 adults + grandchildren under the age of 18.
✦ Caregiver = $20 added to a family membership, which allows one caregiver at a time to enter the exhibit floor with the children.

For Headwaters Science Center Staff:

Renewal: Yes___ No___

Purchase date _____

Effective membership date _____

Fee paid $ _____

Donation $ _____

HSC representative _____

Membership cards given ___

Recorded ___

Mailing list ___

Date completed _____

1/18

Please list children, grandchildren, or additional family members:

Name	Relationship	Birthdate