



Roberson Museum and Science Center Membership Application

Enroll me as a member today so I can receive FREE admission to Roberson Museum and Science Center and 250 other museums and science centers nationwide.

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

*For minor members, supply the name of parent or guardian _____

I wish to join at the following level, please check one:

_____ \$30 Student/Senior Membership

_____ \$40 Individual Membership

_____ \$65 Family Membership

_____ \$85 Grandparent Membership

_____ \$125 Friend

_____ \$275 Donor

_____ \$600 Benefactor

_____ \$1200 Patron

Method of payment:

_____ Check (Payable to **Roberson Museum Annual Campaign**)

_____ Charge my:

_____ Visa

_____ MasterCard

_____ Discover

Name on Account _____

Account # _____

Expiration Date _____ 3 Digit Security Code (back of card) _____

Signature _____

PLEASE MAIL COMPLETED FORM WITH CHECK OR CREDIT CARD INFORMATION TO:

**ROBERSON MUSEUM AND SCIENCE CENTER
30 FRONT STREET
BINGHAMTON, NY 13905**