



MEMBERSHIP APPLICATION

*Please note: For your own security, we can only accept this form by mail. No email or faxed copies can be accepted. If you would like to purchase membership in person or by phone, please contact our Visitor Services Desk at 510-642-5132

MEMBERSHIP STATUS

New New (Referral) Current Hall member referred by:

Renewal

Gift Membership (please complete both pages)

MEMBERSHIP CATEGORY

Friend \$65

Family \$115

Family Premium (Best Value) \$165

Associate \$500

Partner in Science \$1000

I am a senior, UC Berkeley affiliate, professional educator, or disabled person and qualify for a \$10 discount
(Please enclose proof of eligibility for senior, UC Berkeley, and educator status)

MEMBER INFORMATION

Primary Member Name:

Secondary Member:

(Family and higher)

Caregiver 1:

(Family Premium and higher)

Caregiver 2:

(Family Premium and higher)

Full Names of children in household:

Child 1:

Child 3:

Child 2:

Child 4:

Email:

Daytime Phone:

Street Address:

City:

State:

Zip:

PAYMENT INFORMATION

Enclosed is my check payable to: **The Regents of the University of California**

Total enclosed: \$

Please bill my Visa, MasterCard or Discover Card (circle one):

Card #:

Expiration:

Cardholder's Name:



**THE LAWRENCE
HALL OF SCIENCE**
UNIVERSITY OF CALIFORNIA, BERKELEY

GIFT MEMBERSHIP

Your Name(s):

I am a current member of the Hall. Member #

Email:

Daytime Phone:

Street Address:

City:

State:

Zip:

Include the following gift message:

Please mail the gift membership package to:

You

Gift recipient

Return this application with payment to:

Membership
University of California, Berkeley
The Lawrence Hall of Science, Membership #5200
Berkeley, CA 94720-5200

Please call 510-642-1838 if you have any questions. Thank you for your gift of membership!

For office use only

MEMBER # ____ EXP. DATE ____ AMT.

PAID MAIL DATE _

____ PROCESSED BY _____