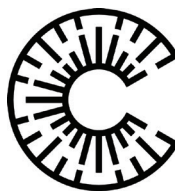
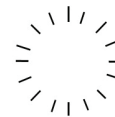


# Membership Form



**CADE**  
museum  
for creativity & invention



## MEMBER INFORMATION

Adult Name (1):

\_\_\_\_\_

Adult Name (2):

\_\_\_\_\_

Married  Partner  Parent/Child  Other

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell/Home Phone Member (1): \_\_\_\_\_

Cell/Home Phone Member (2): \_\_\_\_\_

Email Member (1): \_\_\_\_\_

Email Member (2): \_\_\_\_\_

This membership is a gift

Yes, I would like to receive email information on  
Museum programs, news, specials and digital cards.

## ADDITIONAL SUPPORT

I'd like to give an additional donation of  
\$ \_\_\_\_\_

**Automatically Renew My Membership**

By choosing automatic renewal, your credit card will be charged the prevailing dues to renew at the end of your current membership. You may contact us at any time during your membership period to change your renewal preferences.

## MEMBERSHIP LEVELS

- Neuron (Individual) \$50
- Synapse (Dual) \$75
- Axon \$95
- Neural Network (Household) \$150

## SOCIETY LEVELS

- Physician \$250
- Scientist \$500
- Musician \$1,000
- Inventor \$2,500+

## DISCOUNTS

- Applied Tickets
- Scavenger Hunt
- Senior (65+ with valid ID)
- Student (with valid college ID)



### For Office Use only:

Payment Method:

- Credit Card
- Check
- Cash

Entered By: \_\_\_\_\_

Date: \_\_\_\_\_