Membership Form

NAME 1  Dr.  Mr.  Ms.  Mrs.

NAME 2  Dr.  Mr.  Ms.  Mrs.

NAME 3 (Supporting level and above)  Dr.  Mr.  Ms.  Mrs.

ADDRESS

CITY  STATE  ZIP

PHONE NUMBER  PREFERRED E-MAIL

We/I would like to join the Harvard Museums of Science & Culture at the following level:

- SENIOR / STUDENT: $35
- INDIVIDUAL: $50
- HOUSEHOLD*: $85
- SUPPORTING: $125
- SUSTAINING: $250
- PATRON: $500

* $50 for Harvard ID holders.
Please include copy of ID

Payment information

- Check is enclosed, made out to Harvard University/HMSC
- Charge my:  ☑ MasterCard  ☑ VISA  ☑ American Express

CARD NUMBER

EXP. DATE  SECURITY CODE  CONFIRM AMT. OF PAYMENT

NAME AS IT APPEARS ON CARD (Please print clearly)

SIGNATURE

ADDRESS OF CARDHOLDER  ☑ SAME AS ABOVE

CITY  STATE  ZIP

Send to:
Harvard Museums of Science & Culture
Membership Office
26 Oxford Street
Cambridge, MA 02138
Phone: (617) 496-6972