



Michigan Science Center
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Membership Application

MR. MRS. DR. MS.

NAME OF PRIMARY MEMBER (Include first name + middle initial + last name)

MR. MRS. DR. MS.

NAME OF SECOND ADULT MEMBER, IF ANY (Include first name + middle initial + last name)

ADDRESS

CITY + STATE + ZIP CODE

HOME PHONE

BUSINESS PHONE

CELL PHONE

E-MAIL ADDRESS

➔ I AM (check one): JOINING FOR THE FIRST TIME RENEWING MY MEMBERSHIP

➔ Please check the level of membership that you would like to purchase:

\$35 ~ STUDENT

\$65 ~ GRANDPARENTS

\$95 ~ FAMILY PLUS

\$55 ~ INDIVIDUAL PLUS

\$75 ~ FAMILY

\$170 ~ PREMIUM

➔ **Special Offer!** Check one only. **Cannot be combined with any other offers.**

Check here to take \$10 off if you are renewing prior to your membership expiration date!

Check here to take \$10 off if you are joining for TWO years!

Check here to take \$20 off if you are renewing for TWO years!

*Educators, Military, and ASTC members takes 20% off with ID – Only available in person at our Visitor Services Desk.
Special offers may NOT be combined.*

➔ PAYMENT METHOD (check one): Personal Check VISA* MasterCard* AmEx* Discover*

*If paying in person, simply present your credit card at the front desk. DO NOT complete the credit card information below.

➔ AMOUNT ENCLOSED or TO BE CHARGED: \$ _____

NAME EXACTLY AS IT APPEARS ON CREDIT CARD

CARD NUMBER

EXPIRATION DATE

CCV2 (3-DIGIT CODE ON SIGNATURE PANEL)

BILLING ADDRESS (if different than above)

CITY + STATE + ZIP CODE (if different than above)

Please complete this form and mail or bring it to: Michigan Science Center ▪ ATTN: Membership Department
5020 John R Street ▪ Detroit, MI 48202

*Thank you for your membership purchase.
Your membership fee helps to fund new exhibits and maintain existing exhibits at the Michigan Science Center*