



Instructions

Please complete, sign, and provide this application with your payment to:

Lafayette Science Museum Foundation
433 Jefferson Street • Lafayette, LA 70501

MEMBERSHIP APPLICATION

Membership Options

Please check a membership option. (Individual and Group Memberships are valid for one year)

- Individual **\$40**
- Group **\$75** – Includes four people. Add ____ more people for **\$20** per person.
- Lifetime **\$1,000** – Includes four people.

Membership Name and Contact Information

Provide the Member Name and information.

MEMBER NAME _____

Contact Name (First/Middle/Last)

Address _____

City, State, Zip _____

Phone Numbers _____

(Please mark as Cell, Home, Business)

Email Address _____

(Two email addresses are allowed)

YOUR MEMBERSHIP INCLUDES

- Entry to the Lafayette Science Museum to see ALL EXHIBITS.
- Entry to ALL PLANETARIUM SHOWS.
- Admission to participating science centers and museums through the ASTC Travel Passport Program (www.astc.org/passport).
- A discount on lunches at our Bach Lunch Series.
- A 10% discount at the Discover Store.
- Invitation to special events, grand openings and exhibit previews.

One named membership card holder must be present at time of visit • Membership is not transferable • Membership can be revoked for failure to follow museum rules

Payment Options

Choose your payment method below. Please complete, sign, and provide this application with your payment to: **Lafayette Science Museum Foundation, 433 Jefferson Street, Lafayette, LA 70501**. Please make checks payable to **Lafayette Science Museum Foundation**.

You can also pay with credit card, cash, or check at our front desk.

- Check
- MasterCard
- VISA
- Cash

Card Number: _____ Exp. Date: ____ / ____

Name On Card: _____ Verification Code: _____

Card Billing Address: _____

Email Address: _____

Amount: \$ _____

Signature: _____