

## East Tennessee Discovery Center Membership Form

Complete this form and mail, with payment, to East Tennessee Discovery Center, P.O. Box 6204, Knoxville, TN 37914. Your membership cards and a list of participating ASTC centers will be mailed to you as soon as we receive this form.

Sign me up as a:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Patron</b> \$500    | <input type="checkbox"/> <b>Family</b> \$50     |
| <input type="checkbox"/> <b>Friend</b> \$250    | <input type="checkbox"/> <b>Individual</b> \$25 |
| <input type="checkbox"/> <b>Supporter</b> \$100 | <input type="checkbox"/> <b>Student</b> \$15    |

- new member                       Renewing member (renewal date: \_\_\_\_\_)

Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name	Birthday (month/day/year)
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_____	_____
_____	_____
_____	_____
_____	_____

Method of Payment:

- Check (payable to Discovery Center)
- VISA/Mastercard (circle one)

Card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

In addition to my membership, I would like to contribute: \_\_\_\_\_

Instead of membership, I would like to contribute: \_\_\_\_\_