



Membership Application

Yes! I want to join MOSI!

New Membership

Renewal Membership

Primary Member Name _____ Birth date: ___/___/___
 parent spouse child partner grandparent grandchild friend other: _____

Additional Member Name _____ Birth date: ___/___/___
 parent spouse child partner grandparent grandchild friend other: _____

Additional Member Name _____ Birth date: ___/___/___
 parent spouse child partner grandparent grandchild friend other: _____

Additional Member Name _____ Birth date: ___/___/___
 parent spouse child partner grandparent grandchild friend other: _____

Additional Member Name _____ Birth date: ___/___/___
 parent spouse child partner grandparent grandchild friend other: _____

Additional members can be added to MOSI Family for \$10 each. Additional members can be added to IMAX Family for \$20 each.

Additional Member Name(s) & Birth Date(s) _____
_____ / ___/___

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

Where did you hear about MOSI's Membership Program? _____

<u>Annual MOSI Membership</u>	<u>Annual IMAX Membership</u>
____ Individual..... \$ 55	____ Individual..... \$ 55
____ Dual..... \$ 75	____ Dual..... \$105
____ Family (up to 5 named members) \$ 99	____ Family (up to 5 named members) \$150
____ SuperPass (8 members, up to 2 named) \$299	

Membership prices do not include special engagement exhibits and/or films. Prices are subject to change without notice.

Payment:

Credit Card: MC VS AX DS Card # _____

Printed Name on Card: _____

Signature: _____ Exp.: _____ / _____

Check # _____(make payable to MOSI) Membership Amount: \$ _____

Please automatically renew my membership each year with this payment information.

I would like to support MOSI's educational programs with a donation.

Donation Amount: \$ _____

Total Due: \$ _____

Reminders: Free admission benefit does not apply when member visits as part of a school, group, class, or tour. An adult must accompany children under 13 years of age. Children 2 and older must be included on the membership. One membership card per family printed in primary member's name. Individual members must be 13 years of age or older. Membership card will be delivered in 2-3 weeks. Replacement cards are \$5 each. Memberships are nonrefundable and nontransferable.

4801 E. Fowler Avenue, Tampa, Florida 33617 www.mosi.org (813) 987-6000

Office use only: Date _____ Staff Initials _____ Sales Number _____
Processed by _____ Membership # _____ Promotion Code _____