

MOSI 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: _____

Only complete additional names below if purchasing a family level membership.

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: _____

Add additional members to Basic Family for \$10 each, Plus IMAX Family or Plus Rides Family for \$20 each and Premium Family for \$25 each.

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

Contact Information:

Address _____ Apt. # _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

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

<u>Basic Membership</u>	<u>Plus IMAX Membership</u>	<u>Plus Rides Membership</u>	<u>Premium Membership</u>
____ Individual \$45	____ Individual \$60	____ Individual \$60	____ Individual \$75
____ Dual \$79	____ Dual \$109	____ Dual \$109	____ Dual \$139
____ Family \$99	____ Family \$154	____ Family \$154	____ Family \$199

Membership prices do not include special engagement exhibitions and/or films. Prices are subject to change without notice. Family memberships include 5 named members.

Payment Information:

Credit Card Type: _____ Card # _____

Printed Name on Card: _____

Signature: _____ Exp.: ____/____/____

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

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

Additional Member(s) Amount: \$ _____

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 _____