



## Membership Application

Date \_\_\_\_\_

*A membership card will available for pick up in 7 – 10 business days. We are NOT able to FAX membership cards.*

**Print out this form and send with payment to:**

Virginia Discovery Museum  
PO Box 1128  
Charlottesville, VA 22902

Please check the desired membership: \_\_\_\_\_ New Member \_\_\_\_\_ Renewing Member

- \_\_\_\_\_ \$125.00 Explorer Family **(best value!)**
- \_\_\_\_\_ \$75.00 Family
- \_\_\_\_\_ \$60.00 Grandparent
- \_\_\_\_\_ \$50.00 Individual

Adult #1 \_\_\_\_\_  
Adult #2 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_  
Email \_\_\_\_\_

Child Name > Birth Year > School

\_\_\_\_\_ > \_\_\_\_\_ > \_\_\_\_\_  
\_\_\_\_\_ > \_\_\_\_\_ > \_\_\_\_\_  
\_\_\_\_\_ > \_\_\_\_\_ > \_\_\_\_\_  
\_\_\_\_\_ > \_\_\_\_\_ > \_\_\_\_\_

**Method of Payment:** Cash | Check | Master Card | Visa

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Holder's Signature \_\_\_\_\_

Donor's Name (for gift memberships) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_  
Email \_\_\_\_\_

For more information contact us at (434) 977-1025 x 9 or [membership@vadm.org](mailto:membership@vadm.org).