ONTARIO SCIENCE CENTRE

*Please complete this form and return to:*
Membership Office, Ontario Science Centre, 770 Don Mills Road, Toronto, ON M3C 1T3
Phone: 416-696-3142 Fax: 416-696-3132

# *Yes, Make Me a Member!*

❍ New Membership ❍ Membership Renewal Member #: _____ ❍ Gift Membership

## Membership Level

| | 1 Year | 2 Year |
|---|---|---|
| Individual | ❍ $80 | ❍ $145 |
| Dual | ❍ $95 | ❍ $170 |
| Family | ❍ $120 | ❍ $215 |
| Gold | ❍ $230 | ❍ $415 |

### Please Add A Caregiver To My Membership:

| | | |
|---|---|---|
| Family Membership | ❍ $35 | ❍ $70 |
| Gold Membership | ❍ $70 | ❍ $140 |

## Supporting Membership Levels

*(Please consider becoming a Supporting Member by adding a tax-creditable donation)*

| | | |
|---|---|---|
| Friend | ❍ $20 - $99 | $ _____ |
| Discoverer | ❍ $100 - $499 | $ _____ |
| Explorer | ❍ $500 - $999 | $ _____ |
| Pioneer | ❍ $1,000 - $2,499 | $ _____ |
| Champion | ❍ $2,500 - $4,999 | $ _____ |

For information on giving at a higher level, please contact our Head of Annual Giving at 416-696-3233.

All prices include GST.

## Membership For:

❍ Mr. ❍ Mrs. ❍ Ms. ❍ Dr. _____
**First adult** card holder name ❍ Adult ❍ Senior (+65)

❍ Mr. ❍ Mrs. ❍ Ms. ❍ Dr. _____
**Second adult** card holder name *(Dual, Family or Gold only)* ❍ Adult ❍ Senior (+65)

❍ Mr. ❍ Mrs. ❍ Ms. ❍ Dr. _____
**Caregiver** *(Family or Gold only – see above)* ❍ Adult ❍ Senior (+65)

**Email 1:** **Email 2:** **Email 3:**

*(for Members' news and invitations – your email address will never be traded or sold)*

Address Apt / Suite No.

City Province / State Postal / Zip Code

( ) ( )

Telephone (day) Telephone (evening)

Number of children or grandchildren (under 18 years) _____ Please list their ages: _____

## Gift Membership

*Treat someone to a very special gift that lasts all year long!*

**Gift From:** ❍ Mr. ❍ Mrs. ❍ Ms. ❍ Dr.

Name

Address Apt / Suite No.

City Province / State Postal / Zip Code

Telephone

Please send the gift to: ❍ Me ❍ Gift recipient

**Gift Card to read:**

## Payment Information

Membership Amount $_____ *(Including caregiver if applicable)*

Donation Amount $_____ *Above $20 receive a tax receipt*

**Payment total: $ _____**

❍ My cheque is enclosed payable to Ontario Science Centre
*(please do not send cash by mail)*

***OR*** Please charge my: ❍VISA ❍MASTERCARD ❍AMEX

Name on Card

_ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ _ _ / _ _
Credit Card Number Expiry Date

Signature

Membership to the Ontario Science Centre is subject to the regulations outlined on our website (www.OntarioScienceCentre.ca).

The above information is collected under the authority of the Centennial Centre of Science and Technology Act to contact members and fulfill membership benefits. Questions regarding this collection should be directed to Head of Membership at the address listed above.

From time to time the Ontario Science Centre exchanges contact lists for promotions with other cultural institutions.
Please check here if you would prefer not to be included in such exchanges. ❍