

Membership Application



Membership Levels

- \$175 Family Plus – best family value
- \$100 Family
- \$80 Grandparent (65+)
- \$50 Individual
- \$40 Senior Individual (65+)

Add-ons:

- \$30 Nanny Card



- \$2,500 Charter Oak Society
- \$1,000 Maple Grove Society
- \$500 Chestnut Grove Society

Please contact the Membership Office at 203.977.6533 for information on The Director's Circle, a distinguished group of members whose generosity and commitment to the Stamford Museum & Nature Center support our mission to bring the wonders of art, nature, astronomy, and early childhood education to our community and the public.

Auto-Renewal Program

By joining the Auto-Renewal Program, you ensure uninterrupted access to the Museum by authorizing the SM&NC to automatically renew your membership each year and charge applicable membership fees to your credit card or bank account on file. Auto-renew is available for all membership levels. Please carefully read the [Terms & Conditions](#) on our website before opting in.

With auto-renew, enjoy 10% off all subsequent renewals.

- I have read the Terms & Conditions and choose to opt-in to Auto-Renew.

Please charge applicable membership dues to my:

- bank account (below) credit card (on right)

Choosing bank account saves you from having to update information when credit cards expire or are replaced.

Account Number: _____

Routing Number: _____

- checking savings

Signature _____

All of the following information is required for us to process your membership in our system.

First Adult Dr | Mr | Mrs | Ms Date of Birth: __/__/__

Name First _____ MI _____ Last _____

Address _____

City _____ State _____ Zip _____

Tel _____ Email _____

Family/Grandparent level memberships only:

Second Adult Dr | Mr | Mrs | Ms Date of Birth: __/__/__

Name First _____ MI _____ Last _____

Tel _____ Email _____

Children

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Nanny Add-on only: (optional)

Additional Adult Dr | Mr | Mrs | Ms

Name First _____ MI _____ Last _____

Tel _____ Email _____

Corporate Matching Gift – This gift will be matched by my employer. I will send the Matching Gift form by mail.

Donation – I would also like to make a gift of \$_____

Method of Payment

Check number: _____

Please make checks payable to Stamford Museum & Nature Center.

Credit Card: Visa American Express MasterCard

Number: _____

Exp. Date: _____ CVV: _____

Name on card: _____

Please charge my credit card for the membership level and/or additional donations that I have indicated above.

Signature _____

Membership is tax-deductible to the extent allowed by law.

The Stamford Museum & Nature Center is a vital cultural and educational resource for the community, and a focal point for family activity and interaction, seeking to inspire creativity, foster self-discovery, and nurture an appreciation for lifelong learning through exhibitions, educational programs, and special events. We thank you for your Membership and we welcome you to our family of members.