

Membership Application

Stamford Museum
& Nature Center



39 Scofieldtown Rd, Stamford, CT 06903

Choose your 1 year Membership:

- \$300 Family Premium
- \$225 Family Plus
- \$125 Family
- \$110 Grandparent
- \$100 Duo
- \$90 Senior Duo (65+)
- \$60 Individual
- \$45 Senior Individual (65+)

Director's Circle Membership Levels:

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

For information on The Director's Circle, please contact Membership at 203.977.6533.

Membership levels:

\$300 Family Premium:

- 2 adults of same household, all children under 18
- Free admission for 2 accompanying guests
- Free admission to one of each Family Fest series
- 10 Single use Guest Passes
- Pre-registration for camps & programs

\$225 Family Plus:

- 2 adults of same household, all children under 18
- Free admission to one of each Family Fest series
- 10 Single use Guest Passes
- Pre-registration for camps & programs

\$125 Family: 2 adults of same household, all children under 18, 50% off Festival Admission

\$110 Grandparent: 2 adults of same household, all grandchildren under 18, 50% off Festival Admission

\$100 Duo: 2 Individuals, 1 Free Nights Out Program, 50% off Festival Admission

\$90 Senior Duo (65+) 2 adults of same household, 1 Free Nights Out Program, 50% off Festival Admission

\$60 Individual: 1 adult, 1 Free Nights Out Program, 50% off Festival Admission

\$45 Senior Individual (65+): 1 adult, 1 Free Nights Out Program, 50% off Festival Admission

Primary Adult:

Dr. | Mr. | Mrs. | Ms. (optional)

Name _____

Address _____

City _____ State _____ Zip _____

Tel _____

Email _____

Second Adult:

Dr. | Mr. | Mrs. | Ms. (optional)

Name _____

Relation to primary: _____

Address _____

Tel _____

Email _____

Number of children under 18: _____

Caregiver Add-on: \$35 adds one additional adult to your Membership

Dr. | Mr. | Mrs. | Ms.

Name _____

Tel (optional) _____

Email _____

Method of payment:

cash check (check #: _____) credit card

Credit Card: Visa AmEx MC Discover

Number: _____

Exp. Date: _____ CVV: _____

Name on card: _____

Auto-Renew Program: By checking, you agree to let the SM&NC automatically charge your credit card on file each year.

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

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

Signature: _____