



## Membership Form

Information:                      New Membership    \_\_\_                      Renewal    \_\_\_

Membership Level:	Senior	\$25	___	Student	\$25	___
	Individual	\$30	___	Dual	\$35	___
	Family	\$50	___	Friend	\$100	___
	Supporting	\$500	___	Sustaining	\$1,000	___

Member Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

Send me the monthly Ocean Explorium e-newsletter, "Blue Notes"

Is this membership a gift? Yes \_\_\_ No \_\_\_ If 'Yes', please provide your

Purchaser Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email



## Membership Form

Billing Information:  Enclosed is my check in the amount of \$\_\_\_\_\_, payable to Ocean Explorium.

Please charge \$\_\_\_\_\_ to my credit card

Credit Card Information: Visa \_\_\_\_ MC \_\_\_\_ AmEx \_\_\_\_ Discover\_\_\_\_

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Credit card verification code

\_\_\_\_\_  
Expiration

\_\_\_\_\_  
Name as it appears on credit card

\_\_\_\_\_  
Billing address for credit card

\_\_\_\_\_  
City/State/Zip

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may mail the completed form with check or credit card information to

Ocean Explorium,  
PO Box 1906,  
New Bedford, MA 02741-1906

or fax it to 508 994 6623 for credit card purchases only.