

MEMBERSHIP BENEFITS

Membership Level	Student \$40 <small>1 Student*</small>	Basic \$65 <small>2 Adults</small>	Patron \$100 <small>2 Adults & All children in household under 18</small>	Donor \$250	Contributor \$500	Museum Society** \$1000+
Free Unlimited General Admission	•	•	•	•	•	•
Free or Reduced Admission to 350+ Science and Technology Centers through ASTC	•	•	•	•	•	•
Free or Discounted Admission to Special Exhibitions and Programs		•	•	•	•	•
Discount on Adult Koch Immersive Theater & Planetarium Tickets		\$2 OFF	\$2 OFF	\$2 OFF	\$2 OFF	\$2 OFF
Discount on Art Classes and Camps			•	•	•	•
Free or Reduced Admission to 1400+ Art and History Museums with NARM and Time Travelers			•	•	•	•
Subscription to our Members' Magazine			•	•	•	•
4th of July Membership Party Invitation			•	•	•	•
Complimentary Koch Immersive Theater & Planetarium Tickets			2	4	4	6
Discount at Museum Shop			10%	10%	15%	20%
Discount on Guest Passes				•	•	•
Complimentary One-Year Patron Membership for the Recipient of Your Choice					•	•
Complimentary Guest Passes					4	8
Annual Museum Society Recognition Evening Invitations to Museum Society Receptions						•
Recognition at the 4th of July Membership Event						•
Discount on Rentals						10%

*Student ID required. **Museum Society Members receive custom benefits. For information, please contact the Membership Office at membership@emuseum.org or by calling (812) 425-2406 ext. 231.

Please detach below and mail to: Evansville Museum, PO Box 3435, Evansville, IN 47733
Or visit emuseum.org/membership to give securely online

I/we would like to support the Evansville Museum with a 2019 Membership

Payment of: \$65 \$100 \$250 \$500 \$1,000 Other \$ _____
Basic Patron Donor Contributor Museum Society

I/we would like to join the ___ Friends of the Evansville Museum (\$25) Museum Membership is a prerequisite to membership in affiliated organizations to join

Total Amount Enclosed \$ _____

Name(s) for Membership Cards: _____
 (Please list names as you prefer to be addressed)

Number of Children under 18: _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Home Cell Work

*Email _____

*Required for subscription to bi-weekly e-newsletter

Account Number _____ Expiration Date _____

Cardholder's Signature _____