



711 North Main Street Rockford, IL 61103  
815.963.6769

Today's Date: \_\_\_\_\_

| MEMBERSHIP LEVEL<br>(Circle one) |          |          |
|----------------------------------|----------|----------|
|                                  | One Year | Two Year |
| Family SuperPass*                | \$ 110   | \$ 210   |
| Family*                          | \$ 70    | \$ 130   |
| GrandPass                        | \$ 70    | \$ 130   |
| Individual                       | \$ 50    | \$ 90    |
| *Add a Caregiver                 | \$ 20    |          |

**MEMBERSHIP / DONATION INFORMATION**  
**Two** Adults & Dependent Children Living in Same Household

**PLEASE PRINT**

**Adult Name (s)** \_\_\_\_\_ **Caregiver:** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**E-mail Address** \_\_\_\_\_

**Circle One: Children / Grandchildren**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_



**FOR DISCOVERY CENTER OFFICE USE ONLY**

\_\_\_ Cash  
 \_\_\_ Check No \_\_\_\_\_ Due Date \_\_\_\_\_ Processed by \_\_\_\_\_ Mailing Date \_\_\_\_\_ Origin \_\_\_\_\_ Coupon \_\_\_\_\_  
 \_\_\_ Visa  
 \_\_\_ MC Check those given: \_\_\_ Packet & Cards \_\_\_ ACM Sticker & Brochure \_\_\_ Newsletter  
 \_\_\_ Discover  
 \_\_\_ Pay Pal

**MEMBERSHIP TYPE:**

\_\_\_ NEW \_\_\_ ACTIVE RENEW \_\_\_ INACTIVE RENEW \_\_\_ GIFT TOTAL PAID \$ \_\_\_\_\_

Charge Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Give the Gift of Discovery

Complete the following information to give the Gift of Discovery  
Two Adults & Dependent Children Living in Same Household

Please Print

Gift For: Adult(s) \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Circle One - Children / Grandchildren

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_



\_\_\_\_\_ Please send my gift to the address above

Gift From:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Please send my gift to my address

FOR DISCOVERY CENTER OFFICE USE ONLY

\_\_\_Cash  
\_\_\_Check No \_\_\_\_\_ Due Date \_\_\_\_\_ Processed by \_\_\_\_\_ Mailing Date \_\_\_\_\_ Origin \_\_\_\_\_ Coupon \_\_\_\_\_  
\_\_\_Visa  
\_\_\_MC  
\_\_\_Discover  
\_\_\_Pay Pal  
Check those given: \_\_\_Packet & Cards \_\_\_ACM Sticker & Brochure \_\_\_Newsletter

MEMBERSHIP TYPE:

\_\_\_NEW \_\_\_ACTIVE RENEW \_\_\_INACTIVE RENEW \_\_\_GIFT TOTAL PAID \$ \_\_\_\_\_

Charge Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_