



## SPACEPORT SHEBOYGAN MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:		
Email:		Phone:
Mailing address:		
City:	State:	ZIP Code:

### LEVEL OF MEMBERSHIP (PLEASE CIRCLE)

Single Membership: One year of free admission to Exhibits, email updates, discounts for special events and merchandise, 1 free live show admission ticket.	\$25
Dual Membership: One year of free admission to Exhibits, email updates, discounts for special events and merchandise, 2 free live show admission tickets.	\$50
Family Membership: One year of free admission to Exhibits, email updates, discounts for special events and merchandise, 4 free live show admission tickets.	\$75

### SPOUSE INFORMATION IF FAMILY/DUAL MEMBERSHIP

Name:
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### CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name:	DOB- Mo/Day	Name:	DOB- Mo/Day
Name:	DOB- Mo/Day	Name:	DOB- Mo/Day
Name:	DOB- Mo/Day	Name:	DOB- Mo/Day

### SIGNATURE

Signature of applicant:	Date:
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