

SOUTHWORTH PLANETARIUM MEMBERSHIP APPLICATION
University of Southern Maine

Name _____

Address _____

Daytime Phone _____ Evening _____

Phone _____

Please check the type of membership you desire:

Individual \$25

Family \$25 + \$5 x _____ people = \$_____

(i.e., for a family of four, it would be \$25 + \$5 x 3 = \$40.00)

If this is a family membership level or higher, please list the names of the family members included in the membership:

Form of payment: Check Cash Visa MasterCard
 Discover
 Other _____

Amount of payment: \$ _____

(Credit Card Use Only): Account #: _____

Expiration date: _____

Signature: _____

Date: _____

Mail application to:

**Southworth Planetarium,
University of Southern Maine
P.O. Box 9300
Portland, Maine, 04104-9300**

Or Fax to: (207) 228-8288

Have questions? Please call (207) 780-4249