



MEMBERSHIP ORDER FORM
FOR FAX OR MAIL SIGNUP

DATE: _____

THIS MEMBERSHIP IS: _____ NEW _____ RENEWAL, ID# _____

HOUSEHOLD INFORMATION:

ADULT NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

MEMBERSHIP TYPE:

_____ \$89 DUAL
FULLY TAX DEDUCTIBLE

_____ \$199 FAMILYMAX
ALL BUT \$94 IS TAX DEDUCTIBLE

_____ \$149 FAMILY
ALL BUT \$36 IS TAX DEDUCTIBLE

_____ \$400 FRIENDS CIRCLE
ALL BUT \$188 IS TAX DEDUCTIBLE

PAYMENT:

ENCLOSED IS MY CHECK, MADE PAYABLE TO THE FRANKLIN INSTITUTE

_____ PLEASE CHARGE MY DEBIT/CREDIT CARD IN THE AMOUNT OF: \$ _____

TYPE: _____ VISA _____ MASTERCARD _____ AMEX _____ DISCOVER

CARD NO.: _____ EXP.: _____

SIGNATURE: _____

THANK YOU FOR YOUR SUPPORT OF THE FRANKLIN INSTITUTE THROUGH MEMBERSHIP.

PLEASE ALLOW TIME FOR RECEIPT AND PROCESSING BEFORE VISITING THE MUSEUM. IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEMBERSHIP, PLEASE CONTACT US AT 215.448.1200 (OPTION 2), DAILY 9:00AM – 5:00PM, OR MEMBERSHIP@FI.EDU.