



# Membership Form

Squam Lakes Natural Science Center PO Box 173 Holderness, NH 03245

Please fill out the following form, and mail to us.

**Please provide the following contact information:**

Adult 1:

**First Name** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Adult 2:

**First Name** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Mobile 1: \_\_\_\_\_ Mobile 2: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

\_\_\_\_\_ Please send membership renewal notices by email.

\_\_\_\_\_ Please send the quarterly *Tracks & Trails* newsletter by email.

\_\_\_\_\_ Check here to receive periodic email updates.

Seasonal Mailing Address: \_\_\_\_\_

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

Seasonal Phone: \_\_\_\_\_

Seasonal Mailing Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Please select the membership category you wish to purchase. We accept MasterCard, Visa, American Express or Discover credit cards and personal checks.

\_\_\_\_\_ \$50 One-Person

\_\_\_\_\_ \$180 Wetlands

\_\_\_\_\_ \$60 Two-Person

\_\_\_\_\_ \$250 Field

\_\_\_\_\_ \$90 Four-Person

\_\_\_\_\_ \$500 Forest

\_\_\_\_\_ \$120 Six-Person

\_\_\_\_\_ \$1000 Mt. Fayal

\_\_\_\_\_ \$150 Eight-Person

\_\_\_\_\_ My Check is enclosed, payable to SLNSC

Please charge my: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Am Exp \_\_\_\_\_ Discover

No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ CID \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Printed Name on Card: \_\_\_\_\_

\_\_\_\_\_ I have named Squam Lakes Natural Science Center in my estate plans.

\_\_\_\_\_ I want to volunteer. Please contact me.