

MEMBERSHIP APPLICATION

Mr. Mrs. Ms. Dr.

Member's Name _____

Address _____

City, State, Zip _____

Day phone _____ Evening phone _____

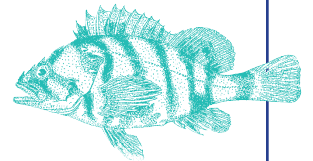
E-mail _____

Membership category _____

Membership amount \$ _____ Additional donation \$ _____

Renewal

Is this a gift membership? If yes, gift from:



Mr. Mrs. Ms. Dr.

Name _____

Address _____

City, State, Zip _____

Day phone _____ Evening phone _____

E-mail _____

A welcome packet and membership card will be sent to all new members.

Method of payment: Check MasterCard Visa

Account# _____ Exp. date _____

Signature _____

Please make checks payable to SMDC/UC Santa Cruz Foundation

Please send information about

- Business Sponsorships Facility Rentals Endowment Opportunities
- Director's Circle Memorial/Tribute Benches Volunteering
- Individual Sponsors of Events or Programs Planned Giving

Mail form to:

SMDC Membership, 100 McAllister Way, Santa Cruz, CA 95060
or fax to (831) 459-1221



(831) 459-3800
seymourcenter.ucsc.edu

