

MEMBERSHIP APPLICATION

Mr. Mrs. Ms. Dr.

Name _____ Date _____

Address _____

City, State, Zip _____

Day phone _____ Evening phone _____

E-mail _____

Membership category _____

Membership amount \$ _____ Additional donation \$ _____

Renewal

Is this a **gift membership**? If yes, please provide information for the recipient of the gift:

Mr. Mrs. Ms. Dr.

Member name _____

Address _____

City, State, Zip _____

Day phone _____ Evening phone _____

E-mail _____

While a welcome package and membership card will arrive by postal mail, most communications about our programs and activities are through e-mail.

Method of payment: Check MasterCard Visa

Account# _____ Exp. date _____

Signature _____

Please make checks payable to SMDC/UC Santa Cruz Foundation

Please provide information about:

Facility Rentals

Ocean Explorers (spring mailing only)

Endowment Opportunities

Directors' Circle

Memorial/Tribute Benches

Volunteer Opportunities

Planned Giving

Program or Events Sponsorship

Mail form to:

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

Office Use Only

Received _____
date initials

07/2018



You may also

Join or renew online—visit seymourcenter.ucsc.edu

(831) 459-3800