

MEMBERSHIP APPLICATION

Mr. Mrs. Ms. Dr.

Name _____ Date _____

Address _____

City, State, Zip _____

Day phone _____ Evening phone _____

E-mail (required for credit card payment) _____

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

Auto renewal (credit card payment only)

Account# _____ Exp. date _____

Signature _____ CVV# _____

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	DATE	INITIALS
Received		
Member ID#		
Processed by		

2/2020



You may also
Join or renew online—visit seymourcenter.ucsc.edu
(831) 459-3800