

# 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](http://seymourcenter.ucsc.edu)**

(831) 459-3800