Impression 5 Membership Benefits

	Family Membership	Enhanced Membership	Elemental Membership
Free Admission*	✓	✓	✓
Two Free Guest Admissions Per Visit	✓	✓	✓
Free Member Nights	✓	✓	✓
Member Newsletter	✓	✓	✓
15% Discount in Science Store	✓	✓	✓
Member Pricing on Programs & Events	✓	✓	✓
ASTC Reciprocal Privileges	✓	✓	✓
ACM Reciprocal Privileges		✓	✓
Caregiver Membership Card		✓	✓
Entry into the Society of Elemental Donors			✓

Important Notes:

- Enhanced and Elemental Members may name one additional caregiver over the age of 18 to chaperone children with membership benefits.
- All memberships are tax deductible as they are considered charitable donations.
- At any time you may choose to upgrade your membership and pay just the difference in price to finish your current year-long membership with the upgraded benefits.

**Free admission applies to 2 adults and either their children OR their grandchildren.*

Membership Form

JOIN

By Mail:
Impression 5 Science Center
200 Museum Drive
Lansing, MI 48933

Online:
impression5.org

By Phone:
(517) 485-8116, ext. 126

By Fax:
(517) 485-8125

PLEASE CHECK A MEMBERSHIP OPTION

☐ $75 Family Membership

☐ $125 Enhanced Membership

☐ $250 Elemental Membership

$_____ Additional Tax-Deductible Donation *(Please name your amount)*

MEMBER INFORMATION

Adult #1: Dr. Mr. Mrs. Ms. _____

Adult #2: Dr. Mr. Mrs. Ms. _____

Address: _____
Street City State ZIP

Daytime Phone: _____

E-mail Address: _____

Names & birth dates of children or grandchildren under the age of 18: _____

_____

Named Caregiver *(Optional, Enhanced & Elemental Memberships Only)*: _____

GIFT MEMBERSHIP INFORMATION

Purchased by: Dr. Mr. Mrs. Ms. _____

Address: _____
Street City State ZIP

Daytime Phone: _____

E-mail Address: _____

Send member packet to: ☐My Address ☐ Recipient's Address

Message to recipient *(optional)*: _____

_____

PAYMENT

☐Cash ☐Check ☐Credit Card

Additional tax-deductible donation: $ _____

Total of membership + donation: $ _____

☐ Check/Cash is enclosed.

☐ Charge my credit card: *AE DIS VISA MC*

_____
Account Number *Exp. Date*

_____
Signature *Security Code*

STAFF ONLY:

Staff Initials _____ *Transaction No.* _____

Membership $ _____ *Donation $* _____

Other $ _____

Date Rec'd _____ *Pmt. Ref.* _____

*A E SED #*_____

*Membership Expiration Date:*_____