South Florida Museum *Friends* Program

BECOME A MEMBER OF THE *MUSEUM FRIENDS* PROGRAM AND ENJOY SOME OR ALL OF THESE GREAT BENEFITS:

- **Unlimited** free admission to the museum, planetarium & aquarium for 1 year;
- **Reciprocal benefits** at over 250 Association of Science and Technology Centers (ASTC) worldwide; **Smithsonian Affiliate Membership** + an annual subscription to *Smithsonian* magazine;
- **Subscription** to the Museum newsletter; **Invitations** to attend *Friends* Exhibition Openings;
- **10% Discount** in the Museum Store and on Educational Programs;
- **50% Discount** on 4 guest tickets per visit; **Guest Passes** to share with relatives and friends;

At the Patron and Benefactor Levels, enjoy all of the benefits listed, plus **Free admission for guests** each time you visit the Museum during regular hours and special **V.I.P.** recognition when visiting the Museum.

Family = Two adults and children under 18 years old living in the same household
Family PLUS = Two adults and children or grand children under the age of 18
(Benefits vary depending upon Level. See Chart for details)

FRIENDS BENEFITS AT A GLANCE

Friends Level Annual Fee	**Student** $35	**Individual** $50	**Family** $75	**Family Plus** $125	**Sponsor** $250	**Patron** $500	**Benefactor** $750
Reciprocal Membership	ASTC	ASTC	ASTC	ASTC & Smithsonian	ASTC & Smithsonian	ASTC & Smithsonian	ASTC & Smithsonian
SFM Newsletter	YES	YES	YES	YES	YES	YES	YES
10% Store & Programs Discount	YES	YES	YES	YES	YES	YES	YES
Special Invitations		YES	YES	YES	YES	YES	YES
50% discount on 4 guest tickets/visit		YES	YES	YES	YES	YES	YES
Guest Passes			2	5	10	15	20
Anytime Guests						2	4
VIP Perks						YES	YES

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***Friends* Program Enrollment Form** *(Renewable annually from the month of application.)*

❒ New Member ❒ Renewing Member

❒ Student $35 ❒ Individual $50 ❒ Family $75 ❒ Family Plus $125 ❒ Sponsor $250 ❒ Patron $500 ❒ Benefactor $750

❒ Purchased as a Gift by ____

Name: ____

Address: _______________________________ City _____________ State ____________ Zip ____________

Telephone: ______________________________ E-mail address: ______________________________________

Please make checks payable to the **South Florida Museum**, and mail to
Visitor Services Dept., P.O. Box 9265, Bradenton, FL 34206

____ Check Enclosed ____ Mastercard ____ Visa Credit Card # ____

Exp. Date _______________ Cardholder Name____

❒ In addition to my annual membership dues I'd like to make a contribution of $ ______________ to the South Florida Museum

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