



Discovery Station at Hagerstown, Inc.  
 101 W. Washington Street  
 Hagerstown, MD 21740  
 301-790-0076  
 www.discoverystation.org

## MEMBERSHIP APPLICATION

Check one:  I want to **Become** a Member  I want to **Renew** my Membership

Name \_\_\_\_\_  
Please print clearly  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_ Date \_\_\_\_\_

### Membership Levels

**INDIVIDUAL** - Washington County resident.....\$50 = \$ \_\_\_\_\_  
 Non-resident.....\$60 = \$ \_\_\_\_\_

**FAMILY** - One Parent - Washington County resident...\$50 = \$ \_\_\_\_\_  
 One Parent - Non-resident.....\$60 = \$ \_\_\_\_\_

Additional **Family** Member(s).....# \_\_\_\_\_ x \$10 ea. = \$ \_\_\_\_\_  
(Children must reside in same household)

NAME / relation \_\_\_\_\_

NAME / relation \_\_\_\_\_

NAME / relation \_\_\_\_\_

NAME / relation \_\_\_\_\_

NAME / relation \_\_\_\_\_

**FAMILY TOTAL:** \$ \_\_\_\_\_

**GRANDPARENTS** - One Grandparent - Wash. Co. resident...\$50 = \$ \_\_\_\_\_  
 One Grandparent - Non-resident.....\$60 = \$ \_\_\_\_\_

Additional **Grandparent** Member(s).....# \_\_\_\_\_ x \$10 ea. = \$ \_\_\_\_\_  
(Grandchildren may reside in any household)

NAME / relation \_\_\_\_\_

NAME / relation \_\_\_\_\_

NAME / relation \_\_\_\_\_

NAME / relation \_\_\_\_\_

NAME / relation \_\_\_\_\_

NAME / relation \_\_\_\_\_

**GRANDPARENT TOTAL:** \$ \_\_\_\_\_

For questions or assistance when filling out this form, please call 301-790-0076 or out-of-area toll free 877-790-0076.

Mail your check or credit card authorization to:  
 Discovery Station at Hagerstown, Inc.  
 101 W. Washington Street  
 Hagerstown, MD 21740

Enclosed is my **check** for \$ \_\_\_\_\_  
 Check # \_\_\_\_\_

Bill my **credit card:**  MC  VISA  DISC  
 Amount: \$ \_\_\_\_\_  
 Cardholder \_\_\_\_\_  
 Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**GIFT MEMBERSHIP** - Amount: \_\_\_\_\_

Minimum \$50

**Gift giver** - Please complete the **top** of this form.

Recipient's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

A gift card will be sent with recipient's membership and will include donor's name. If you wish occasion for gift to be included, note here: \_\_\_\_\_

- ❖ Membership benefits are only for those adults and children listed on this membership application.
- ❖ Membership cards are **not transferable** to others under any circumstances and are **non-refundable**.
- ❖ Adult must accompany child 14 years of age and under.