

CONTACT INFORMATION

MSU Department _____ Employee Banner or SSN# _____

Employee Name _____ Spouse/2nd Member Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____

Email _____

SELECT YOUR MEMBERSHIP LEVEL

<p>General</p> <p><input type="checkbox"/> \$40 \$36 Individual</p> <p><input type="checkbox"/> \$65 \$58.50 Dual</p> <p><input type="checkbox"/> \$85 \$76.50 Family</p> <p><input type="checkbox"/> Yes! I would like to make an additional donation to the Museum: \$ _____</p>	<p>Supporting</p> <p><input type="checkbox"/> \$250 \$225 Sustaining</p> <p><input type="checkbox"/> \$500 \$450 Director's Circle</p> <p><input type="checkbox"/> \$1,000 \$900 Director's Guild</p>	<p>Add On To Your Membership*</p> <p><input type="checkbox"/> +\$25 Caregiver</p> <p><i>(Add-on an additional membership card to any membership level for use by an individual when caring for members' children.)</i></p>
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*MSU employee discount does not apply to the above "add-on."

PAYMENT INFORMATION/PAYROLL DEDUCTION

All membership contributions are tax-deductible to the fullest extent of the law. Please allow 2-3 weeks for processing.

OPTION 1 Pay in Full

My check is enclosed (payable to Museum of the Rockies)

Visa/MasterCard/Discover/AMEX# _____

Exp. _____ Security Code _____

Billing Address _____

City, State, Zip _____

OPTION 2 Payroll Deduction

I authorize the MSU Payroll Office to make the following monthly deduction from my payroll check(s) until such time as the fee amount has been fulfilled (A x B = C).

General membership - 3 month maximum installments
Supporting membership - 8 month maximum installments

A) # of months (i.e. 3)	B) Amount deducted monthly (i.e. \$25.50)	C) Total Membership Dues (i.e. \$76.50 - Family)
_____	_____	_____

Employee Signature _____ Date _____

THANK YOU!