



CORPORATE MEMBERSHIP APPLICATION

COMPANY NAME _____

President/Owner _____

Employee Contact for membership _____

E-mail Address _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Fax** _____

Total # Employees _____ **# Employee Members, if different** _____

- CHECK DESIRED CATEGORIES:**
- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Up to 12 Employees | \$150 |
| <input type="checkbox"/> | 13-24 Employees | \$250 |
| <input type="checkbox"/> | 25-49 Employees | \$450 |
| <input type="checkbox"/> | 50-99 Employees | \$850 |
| <input type="checkbox"/> | 100-149 Employees | \$1,550 |
| <input type="checkbox"/> | 150-199 Employees | \$2,000 |
| <input type="checkbox"/> | 200-249 Employees | \$2,400 |
| <input type="checkbox"/> | 250-899 Employees | \$3,500 |
| <input type="checkbox"/> | 900+ Employees | \$4,000 |
| <input type="checkbox"/> | _____ (#) Adm. Passes, 50 for \$150 | |

- Each employee's Family Membership has a value of \$70
- Memberships are non-transferable, and are for distribution as a no-cost benefit to employees only.
- All materials will be delivered to designated Employee Contact

PAYMENT METHOD (please choose one option)

- Check enclosed (payable to CSC)**
- Please invoice (and send my membership materials now)**
- Please call for credit card payment via phone**

_____ **Date** _____

Authorized Company Signature

Return completed form to: Catawba Science Center, P.O. Box 2431, Hickory, NC 28603
FAX 828-322-1585 Email dev@catawbascience.org