

BECOME A MEMBER TODAY

and enjoy benefits year-round

Member Benefits Include

- Free Admission to CSC exhibits
- Planetarium & laser show discounts
- Free admission to 300+ museums worldwide
- 10% discount on Science Shop purchases
- Science camps, birthday party & program discounts
- Discounts on Science After Dark programs for adults
- Two free nights of Hickory Crawdads baseball
- Hickory Motor Speedway Night discount

Annual Membership Levels

Family/Grandparent, \$70

CSC Member Benefits for two designated adults* and dependent children or grandchildren under 18

Individual, \$55

CSC Member Benefits for one designated adult*

Senior/ College Student, \$40

CSC Member Benefits for one designated senior (62+)* or one designated college student with ID*

Teacher, \$10 Off

Certified private/public K-12 employees with current ID in North Carolina may join at any level and receive a discount

* As named on application & CSC member card.

Supporting Membership Levels

Stellar Society, \$500 – \$999

CSC Family Level Member Benefits, *plus* three free guests per visit, two free planetarium passes and eight one-time admission passes

Benefactor, \$250 – \$499

CSC Family Level Member Benefits, *plus* two free guests per visit and four one-time admission passes

Patron, \$100 – \$249

CSC Family Level Member Benefits, *plus* one free guest per visit and four one-time admission passes

Call (828) 322-8169, ext. 313 for additional Supporting Membership Levels.

YES! I would like to become a CSC Member

New Renewal Gift

Annual Membership Levels

- Family/ Grandparent**, \$70
 Individual, \$55
 Senior/ College Student, \$40
 Teacher, \$10 off (*Check level & include ID copy*)

I would like to make an additional tax-deductible contribution of \$ _____.

Supporting Membership Levels

- Stellar Society, \$500 - \$999
 Benefactor, \$250 - \$499
 Patron, \$100 - \$249

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____

E-mail: _____

I would like to receive CSC's member newsletter via email

Names & birthdates of children:

Name _____ Birthdate __/__/____

Name _____ Birthdate __/__/____
(Please attach additional names)

Payment amount: \$ _____ check enclosed
 Visa Mastercard Discover Am. Exp.

Name as it appears on credit card:

CC #: _____ - _____ - _____ - _____ Exp. _____

Signature: _____

**MAKE CHECKS PAYABLE TO:
CSC • PO BOX 2431 • HICKORY, NC 28603**