



### The Franklin Institute Print Gift Membership Application Form

Please fax this completed form to the Membership Department at 215.448.1235  
or mail it to:  
The Franklin Institute - Membership  
222 North 20th Street  
Philadelphia, PA 19103-1194

Today's Date \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_ If renewal, ID# \_\_\_\_\_

A Gift For: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Please choose one of the following memberships:

Basic Memberships:	Memberships with added benefits:
_____ Individual: \$50	_____ FamilyMAX: \$185
_____ Dual: \$65	_____ Premier: \$240
_____ Family: \$120	

Mail Membership to: Donor \_\_\_\_\_ Recipient \_\_\_\_\_

Personal Message:

\_\_\_\_\_  
\_\_\_\_\_

A Gift From: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Payment:  
By Mail: Check payable to "The Franklin Institute" or Debit/Credit card  
Fax: Debit/Credit card

Card Type: (circle) Visa | Mastercard | Amex | Discover  
Account Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Signature on Card: \_\_\_\_\_