



**SCIENCE CENTER/ MUSEUM MEMBER APPLICATION**

Name of Institution \_\_\_\_\_

Name of Main Contact \_\_\_\_\_

Title (e.g. Executive Director, President) \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Web site address \_\_\_\_\_

How did you learn about NCSN

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

**GENERAL/DEMOGRAPHICS**

Type of Science Center or Museum

\_\_\_\_\_

Is your institution nonprofit or Governmental agency \_\_\_\_\_

Annual Attendance \_\_\_\_\_ Year: \_\_\_\_\_

Staff Size \_\_\_\_\_

Budget \_\_\_\_\_

## **DUE LEVELS BASED ON ANNUAL REVENUE**

- 0 - \$499,000 \$200
- \$500,000 - \$999,999 \$300
- \$1,000,000 - \$4,999,999 \$400
- \$5,000,000 and above \$500

## **PAYMENT METHOD**

Payment by check to the NC Science Network

Please send payment with your completed application by mail to:

NC Science Network

PO Box 16443 Charlotte, NC 28297