



Gift Membership Form

Please fill out the following form, and mail to:

Squam Lakes Natural Science Center PO Box 173 Holderness, NH 03245

Please provide the following contact information:

Your Name: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Recipient Adult 1:

First Name _____ Last Name: _____

Recipient Adult 2:

First Name _____ Last Name: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

_____ Please send membership card to me.

_____ Send membership card to recipient with a gift message, reading:

A gift from _____

Next year, please send the renewal notice for this gift ___ to me ___ to recipient.

Please select the membership category you wish to purchase. We accept MasterCard, Visa, American Express or Discover credit cards and personal checks.

_____ \$40 One-Person Membership _____ \$125 Wetlands

_____ \$50 Two-Person Membership _____ \$250 Field

_____ \$60 Four-Person Membership _____ \$500 Forest

_____ \$80 Six Person Membership _____ \$1000 Mt. Fayal

_____ \$100 Eight-Person Membership

_____ My Check is enclosed, payable to SLNSC

Please charge my: _____ MasterCard _____ Visa _____ Am Exp _____ Discover

No. _____ Exp. Date _____

Cardholder Signature: _____

Printed Name on Card: _____

