



**Internal use only:**  **NO PHOTOS!**

Scanned  Ex1  Ex2 Date: \_\_\_\_\_

**FILE UNDER:**

## 6-MONTH MEMBERSHIP RENEWAL

<input type="checkbox"/> <b>YES</b> → Please renew my six (6) month membership <i>(see credit card information on page 2)</i>	<input type="checkbox"/> <b>YES</b> → I will <u>telephone</u> EDC to renew my six (6) month membership by telephone.
<input type="checkbox"/> <b>YES</b> → I will <u>visit</u> EDC <u>in person</u> to renew my six (6) month membership.	<input type="checkbox"/> <b>NO!</b> → It's been wonderful, but no thank you!



### MEMBERSHIP OPTIONS

### PRICE

- |  |          |
|--|----------|
| <input type="checkbox"/> <b>Premium Family*</b> <i>(2 named adults &amp; 4 named children)</i>       | \$175.00 |
| <input type="checkbox"/> <b>One Adult</b> <i>(1 named adult &amp; 4 named children)</i>              | \$125.00 |
| <input type="checkbox"/> <b>Grandparent/Senior(s)</b> <i>(2 named adults &amp; 4 named children)</i> | \$125.00 |
| <input type="checkbox"/> <b>Basic Family*</b> <i>(2 named adults &amp; 2 named children)</i>         | \$125.00 |
| <input type="checkbox"/> <b>One Adult</b> <i>(1 named adult &amp; 2 named children)</i>              | \$ 75.00 |
| <input type="checkbox"/> <b>Grandparent/Senior(s)</b> <i>(2 named adults &amp; 2 named children)</i> | \$ 75.00 |

**ALL TRANSACTIONS ARE NON-REFUNDABLE**

### MEMBER INFORMATION

**Primary Member Holders (2 named adults only)** → First & Last Name(s):

Adult 1: \_\_\_\_\_ Adult 2: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

*Do you want to receive our monthly newsletter?*

YES  NO

**Child(ren)** → Please list First & Last Name(s) & Date(s) of Birth:

Child 1: \_\_\_\_\_ Child 3: \_\_\_\_\_

Child 2: \_\_\_\_\_ Child 4: \_\_\_\_\_

## CREDIT CARD INFORMATION

I \_\_\_\_\_ authorize South County Family Educational & Cultural Center  
(First) (Last)

(Exploration Discovery Center) to charge my credit/debit card indicated below on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date)  
for a **one-time** charge to renew my 6-month membership as indicated in **Member Options** on Page 1.

Billing Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

**Account Type:**  Visa  MasterCard  Amex  Discover

Cardholder Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(month/year) (3-digit number on back of Visa/MC or 4 digits on front of AMEX)

I authorize the above-named business to charge my credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the type of transaction indicated above only.

Once credit authorization has been completed, this Page 2 (**Credit Card Information**) will be destroyed. We do not retain any credit card information.

SIGNATURE \_\_\_\_\_ Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_