



Barlow Membership



UNIVERSITY OF WISCONSIN OSHKOSH
FOX CITIES



BARLOW PLANETARIUM MEMBERSHIP

Experience the Wonders of the Universe FREE for 1 Full Year!

Barlow Annual Membership Benefits

- Unlimited complimentary admission to any Barlow Planetarium public programs.
- Unlimited complimentary admission to Weis Earth Science Museum.
- 20% discount on admission to Barlow Special Events.
- 20% discount for Wisconsin Space Academy and Wisconsin Astronomy Academy summer programs.
- Discounted admissions for visiting guests when they join you at the Barlow
- As part of the Association of Science-Technology Centers (ASTC) Passport Program, free admission to nearly 300 ASTC member museums across the United States and around the world.



Membership Categories

Grandparent: \$130

2 adults living at the same address and all their grandchildren under 18 years of age

Family: \$130

2 adults and all children under 18 years of age living at the same address

Dual: \$100

1 adult/1 child or 2 adults living at the same address

Single: \$70

1 adult

Corporate Membership Discounts Available

Please contact us for details.

Sharing the Wonders of the Universe

1478 Midway Road, Menasha, WI 54952 · Phone: 920-832-2848 · Fax: 920-832-2674 · www.barlowplanetarium.org



Barlow Membership



UNIVERSITY OF WISCONSIN OSHKOSH

FOX CITIES



BARLOW PLANETARIUM

Membership Application

New

Renewal

OFFICE USE ONLY!

APP DATE: _____

STAFF INITIALS: _____

Primary Member Name:

Birth Date: ___/___/___

adult

parent

child

grandparent

grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult

parent

child

grandparent

grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult

parent

child

grandparent

grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult

parent

child

grandparent

grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult

parent

child

grandparent

grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult

parent

child

grandparent

grandchild

Caregiver Member Name (\$20 EXTRA): _____

Birth Date: ___/___/___

CONTACT INFORMATION:

Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Family
\$130

Grandparent
\$130

Dual
\$100

Single
\$70

PAYMENT INFORMATION:

Credit Card (Master Card or VISA): **BARLOW WILL CONTACT YOU FOR CARD INFORMATION!**

Check # _____ (payable to Barlow Planetarium)

Online: Transaction # _____

Cash

I/We would like to support
Barlow's mission:
Sharing the Wonders of the Universe!

Membership Amount: \$ _____

Caregiver Amount: \$ _____

Donation Amount: \$ _____

TOTAL DUE: \$ _____

REMINDERS: Free admission benefit does not apply when member visits as part of school, group, class or tour. An adult must accompany children under 13 years of age. Children 3 and older must be included on the membership. Individual members must be 16 years of age or older. Replacement cards are \$5 each. Memberships are nonrefundable and nontransferable.

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Membership Application

New

Renewal

OFFICE USE ONLY!	
APP DATE:	_____
STAFF INITIALS:	_____

Primary Member Name:

Birth Date: ___/___/___

adult

parent

child

grandparent

grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult

parent

child

grandparent

grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult

parent

child

grandparent

grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult

parent

child

grandparent

grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult

parent

child

grandparent

grandchild

Additional Member Name: _____

Birth Date: ___/___/___

adult

parent

child

grandparent

grandchild

Caregiver Member Name (\$20 EXTRA): _____

Birth Date: ___/___/___

CONTACT INFORMATION:

Address: _____

Apt: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-mail: _____

Family
\$130

Grandparent
\$130

Dual
\$100

Single
\$70

PAYMENT INFORMATION:

Credit Card (Master Card or VISA): **BARLOW WILL CONTACT YOU FOR CARD INFORMATION!**

Check # _____ (payable to Barlow Planetarium)

Online: Transaction # _____

Cash

Membership Amount: \$ _____

Caregiver Amount: \$ _____

Donation Amount: \$ _____

TOTAL DUE: \$ _____

I/We would like to support
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BARLOW
PLANETARIUM

Primary Member Name: <input type="text"/>				Birth Date: __/__/__	
<input type="checkbox"/> adult	<input type="checkbox"/> parent	<input type="checkbox"/> child	<input type="checkbox"/> grandparent	<input type="checkbox"/> grandchild	
Additional Member Name: _____				Birth Date: __/__/__	
<input type="checkbox"/> adult	<input type="checkbox"/> parent	<input type="checkbox"/> child	<input type="checkbox"/> grandparent	<input type="checkbox"/> grandchild	
Additional Member Name: _____				Birth Date: __/__/__	
<input type="checkbox"/> adult	<input type="checkbox"/> parent	<input type="checkbox"/> child	<input type="checkbox"/> grandparent	<input type="checkbox"/> grandchild	
Additional Member Name: _____				Birth Date: __/__/__	
<input type="checkbox"/> adult	<input type="checkbox"/> parent	<input type="checkbox"/> child	<input type="checkbox"/> grandparent	<input type="checkbox"/> grandchild	
Additional Member Name: _____				Birth Date: __/__/__	
<input type="checkbox"/> adult	<input type="checkbox"/> parent	<input type="checkbox"/> child	<input type="checkbox"/> grandparent	<input type="checkbox"/> grandchild	
Caregiver Member Name (\$20 EXTRA): _____				Birth Date: __/__/__	

<input type="checkbox"/>	Family \$130	<input type="checkbox"/>	Grandparent \$130	<input type="checkbox"/>	Dual \$100	<input type="checkbox"/>	Single \$70
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