BUEI Bermuda Underwater Exploration Institute

MEMBERSHIP APPLICATION/RENEWAL FORM

Name(s):	ıme(s):						Membership #			
*Spouse/Partner Name: *please fill out if applicable as it I Mailing Address:	nelps us to ensu	ıre data is no	t duplicated							
Telephone (H):			(W):			(C):				
Email: (print)										
Please print child	ren's or granc	dchildren's ı	names (unde	er the age o	of 19 or in full t	ime education) b	oirth dates and	gender		
	//M/F mm / dd / yy				D.O.B//M/F					
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Annual Membership Benefits	Senior or Student (per person)	Educator	Individual	Single Parent or Couple	Family or Grandparent	Family or Grandparent PLUS	Researcher	Explorer	Adventure	
	\$20	\$30	\$40	\$55	\$70	\$90	\$200	\$500	\$1,000	
Unlimited Free Admission to BUEI	1	1	1	2	Up to 6	up to 8	10	10	10	
Free Admission to over 350 science centers and museums worldwide	*	*	*	*	*	*	*	*	*	
10% discount Oceans Gift Shop	*	*	*	*	*	*	*	*	*	
10% discount at Harbourfront	*	*	*	*	*	*	*	*	*	
Restaurant (Lunch only) Members only price for Lectures / Whale Watching /Glow Worm Trips	*	*	*	×	*	*	*	*	*	
Eligible for Educational Camps				*	*	*	*	*	*	
10% discount at Harbourfront Restaurant (Lunch & Dinner Max 6 people includes drinks)								*	*	
Additional Guest Passes						2	6	12	24	
Free Admission to Lecture Series							2	6	12	
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Credit card #	· ⁻ ·		Exp	o. Date:	/	CVC :				
Name on card:				Si	gnature:					
IMPORTANT NOTE! Remember to reference BUEI Membership # and your name	⊠ Fa: ⊠ Vis	BD\$ 2 ail this form x this form sit BUEI and	000 6060 0 n with cred with credi d drop this	269 64 10 lit card or it card pay form and	0 US\$ 2000 cheque paym ment to (441 payment off	ank Account #'s 6840 0269 64 1 hent to BUEI, P.O) 296 - 6141. at the Oceans C - 0201 with you	00 9. Box HM 174 Gift Shop.			

Registered Charity: #326 | Registered Office: P.O. Box HM 1745, Hamilton HM GX | BUEI is a Company Limited by Guarantee #17613 Tel: 294-0201 Fax: 296-6141 | <u>membership@buei.bm</u> | <u>www.buei.bm</u>