



Membership Form

Choose a membership category:

- Ages 16 & under: Free
 - Individual: \$25
 - Family: \$40
 - Preserver: \$100
 - I'd like to make an additional contribution of: \$ _____
- Total Payment: \$ _____

Your Information:

Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Email _____

Please charge my credit card:

Name on card: _____

CC#: _____ Exp Date: _____

Billing Zip Code: _____ CVC #: _____

Please make checks payable to Blue Ridge Discovery Center

Mail this form and check to:

**Blue Ridge Discovery Center
6402 Whitetop Rd
Troutdale, VA 24378**

Thank you for your support!

BRDC's membership year is the calendar year.
Donations are tax deductible to the extent allowed by law.