

# Be a star . . .

## Join us. People will look up to you!

Name \_\_\_\_\_  
First Last

Title \_\_\_\_\_

Firm \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Name as it will appear on membership card :

\_\_\_\_\_

I am applying for a  New  Renewal membership.

**I would like to join Friends of Fleischmann Planetarium at the following membership level:**

- Nova Team / Youth..... \$20
- Silver Star / Student 18 or under; University faculty, staff or student; Senior ..... \$15
- Sol / Individual ..... \$25
- Alpha Centauri / Duo ..... \$35
- Pleiades / Family ..... \$50
- Milky Way / Friend ..... \$100 or more
- Virgo Cluster / Benefactor..... \$250 or more
- Aurora Borealis / Fellow ..... \$500 or more
- Universe / Director's Circle ..... \$1,000-\$5,000
- Infinity / Lifetime.....\$5,000 or more
- Orion / Corporate ..... Call for details
- This membership is a gift for:

\_\_\_\_\_

Enclosed is a check payable to **University of Nevada, Reno Foundation** for \$\_\_\_\_\_.

Company PO # \_\_\_\_\_ (Please fax copy to (775) 784-4822.)

Or please charge my:  VISA  MasterCard  
 Discover  American Express

Charge will appear as "University of Nevada" on your monthly statement.

Cardholder's Name \_\_\_\_\_

Card No. \_\_\_\_\_

Expires \_\_\_\_\_ Amt. \_\_\_\_\_

X \_\_\_\_\_  
(Signature as it appears on card)

Mail full payment and completed form to:

Fleischmann Planetarium and Science Center/0272  
University of Nevada, Reno  
Reno, NV 89557-0272

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