

FELLOW'S CIRCLE

The Health Museum Fellow's Circle is a distinct group of generous supporters whose philanthropic support make it possible for the museum to showcase great exhibits, be leaders in health and medical science, and continue to be relevant and welcoming to new audiences.

As a Fellow, you will receive all standard member benefits such as museum and lab passes for family and friends, discounts at the Amazing Body Store, invitations to exhibit previews **PLUS** an invitation to an annual Fellow's Circle event.

To learn more about our **Fellow's Circle**, contact **Kelly Nugent** by email knugent@thehealthmuseum.org or by phone **713-337-8448**

FELLOW'S CIRCLE LEVELS

PATRON \$1,000

DIRECTOR \$2,500

AMBASSADOR \$5,000

VISIONARY \$10,000

ALL FELLOW'S CIRCLE MEMBERS RECIEVE ALL STANDARD BENEFITS FOR EIGHT PEOPLE, PLUS:

- **20% OFF** discount at the Amazing Body Store
- **EARLY REGISTRATION** and **DISCOUNTS** on select Education classes, camps, and programs
- Complimentary guest passes for general admission
- **ONE YEAR Unlimited access to the DeBakey Cell Lab** (listed members only) *
- **ONE FREE** Health Museum Swag item from the Amazing Body Store**
- **EXCLUSIVE** invitation to annual Fellow's Circle event
- A Smithsonian-Member Affiliate branded membership card
- **FREE** admission to 50+ participating Smithsonian Affiliate museums for 2 people
- **FREE** admission to Cooper Hewitt, Smithsonian Design Museum in New York City
- **10% OFF** all IMAX tickets at the Smithsonian and all Smithsonian Folkways Recordings
- **ONE YEAR** subscription (11 issues) to Smithsonian Magazine

JOIN THE FELLOW'S CIRCLE TODAY

Membership Level \$1,000 Patron \$2,500 Director \$5,000 Ambassador \$10,000 Visionary

Primary Member Contact Information

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email _____

Payment Information

Auto-Renew Membership

Enclosed is a check made payable to **The Health Museum**

Amount enclosed on check \$ _____

or

Please charge my credit card:

Visa

MasterCard

American Express

Discover

Card Number _____ CVV _____ Expiration Date _____

Name on Card _____

Signature _____

Member Information

Title _____ Primary Full Name (All levels. Must be age 16 or older.) _____

Title _____ 2nd Full Name (Dual and above) _____

Title _____ 3rd Full Name (Family and Smithsonian Family MAX) _____

Title _____ 4th Full Name (Family and Smithsonian Family MAX) _____

Title _____ 5th Full Name (Family and Smithsonian Family MAX) _____

Title _____ 6th Full Name (Smithsonian Family MAX) _____

Mail the completed application with your payment to:

The Health Museum
Attn: Membership Department
1515 Hermann Drive
Houston, Texas 77004

Membership benefits are non-transferable and non-refundable.

Benefits are subject to change without notice.

**Must list names of members at the time of purchase.*

Valid ID is required at time of visit to DeBakey Cell Lab.

All primary members must be 16 years or older.