



Gateway to Science

Application for Agency Membership or Reduced Admission

Agency: _____

Contact Person: _____

Address: _____

Phone: _____ E-mail: _____

Request for: (check appropriate boxes)

Agency membership (please check the appropriate box)

No. of clients served: 10-50 (\$40.00) 51-100 (\$80.00) 101-200 (\$160.00)

201-350 (\$280.00) 350+ (\$200.00)

Reduced admission tickets (minimum purchase of 10 tickets)

No. of tickets requested: Adult @\$2.50 _____ Child (4-18) @ \$1.00 _____

Send this form and proof of nonprofit status along with payment to:

Gateway to Science
1810 Schafer Street, Suite 1
Bismarck, ND 58501-1218

Your request will be reviewed, and you will be contacted if further information is needed.

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For Office Use Only

Request approved by: _____

Date: _____

Proof of nonprofit status received Payment received Notification sent _____

For Membership:

Type of Identification Required for Admission: _____

Special circumstances: _____
