



STUDENT MEMBER

Sign me up for my student membership

Date:

Name:

Year in School:

Expected Graduation Date:

Primary Email:

UO Email (if not primary email):

Phone Number:

Mailing Address

Street:

City:

State:

ZIP:

Permanent Address

Street:

City:

State:

ZIP:

Return this form to the Museum of Natural and Cultural History, 1680 E. 15th Ave., Eugene OR 97403. Contact the Campus Outreach Coordinator at mnchambassadors@uoregon.edu with any questions.