

OCEANIDS IS OPEN TO ALL WHO ARE INTERESTED IN UCSD



Membership Application

Print your name as you would like it to appear in the OCEANIDS DIRECTORY. Check here if you do not want to be listed. _____

Name: _____ Spouse's Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Type of Membership:

_____ Annual: \$35 _____ Sustaining: \$250 _____ Life: \$500

All gifts, memorials and dues are **tax deductible** when made payable to **UC San Diego Foundation**. Please write the purpose on the "Memo" line.

Send check(s) & completed form to:

OCEANIDS
INTERNATIONAL CENTER, MC 0049
9500 GILMAN DR.
LA JOLLA, CA 92093-0049