

Date _____

Children’s Discovery Museum Membership Information

Primary cardholder: _____

Complete mailing address: _____

Phone number: _____ E-mail: _____

Additional Members: _____ Date of Birth (optional) _____

Type of Membership:

_____ **Single: \$55.00**

One adult & one child, adult named on membership must be present.

_____ **Family: \$75.00**

Two adults living at the same address and their dependent children.

_____ **Extended family and caregivers: additional \$25.00**

Bring up to 2 guests per visit! Great for grandparents, nannies, and friends.

Adult named on card does not need to be present.

_____ **ACM Reciprocal Membership: \$125.00**

This membership includes a family membership to the Children's Discovery Museum in addition to membership to participating museums across the country. (Please note that individual museums may limit the number of free entries. Participating museums and their websites are listed at www.childrensmuseums.org)

Are you renewing a membership? _____

Are you interested in volunteering at the Museum? _____

Would you like to receive e-mails about upcoming events? _____

For office use:

Membership number _____ Date of Membership: _____ Expires: _____

Payment amount \$ _____ Type of payment _____

Information entered _____ Initials _____ Date _____