

the children's museum

Membership Application

ADULT NAME _____

ADULT NAME _____

CAREGIVER (\$10 fee applies—*not available with a I+I level) _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

NUMBER OF CHILDREN _____ NAMES & BIRTH DATES _____

If your employer is a Corporate Member (please inquire), deduct 15% from Membership fee and enter name of employer, your department and job title. For a complete list of Corporate Member companies please visit our website or call 860-231-2830 ext: 56.

Company _____ Department _____

Job Title _____

Select a Membership category:

Family Plus Grandparent Plusprice \$125.00

Includes all standard benefits, plus two guests per visit to The Children's Museum and Roaring Brook Nature Center, and admission to 200 Science Centers & 100 Children's Museums

Family Grandparentprice \$90.00

—Standard benefits. —Standard benefits. Admits Grandparents and Grandchildren only.

* I + I price \$75.00

Standard benefits for one named adult and one guest (child or adult).

*Caregiver option not available on this level.

Enclosed is an extra gift of \$_____ to help The Children's Museum/RBNC's great programs and exhibits

STANDARD BENEFITS

The following benefits apply at the Family or Grandparent membership level

Free General Admission for two adults named on card and all children under 18 living at the same address (or all grandchildren if purchased as a Grandparent membership) to The Children's Museum and Roaring Brook Nature Center.

NOTE: Admission with Field trips and pre-registered fee based programs is not included

- Free General Admission to 200 Science Centers around the world
- \$1.00 off General Admission for each additional guest
- One free Science Dome show per person daily (distributed on a first come first served basis)
- Discount on Birthday Parties, Vacation Science Programs, Workshops and Special Events
- Invitation to Member Only special events

PLUS LEVEL BENEFITS

Includes all standard benefits, plus two guests per visit to The Children's Museum and Roaring Brook Nature Center, plus an additional 100 children's museums. Member named on card must be present to admit guests.

Apply: ♦ In person at the museum ♦ By phone (860) 231-2830 ext 56 ♦ Online by visiting www.TheChildrensMuseumCT.org
♦ Mail completed application to: The Children's Museum, attn: Membership, 950 Trout Brook Dr., West Hartford, CT 06119

Method of Payment

Cash Check MasterCard Visa

Credit Card # _____ Exp. Date _____

CVV2# _____ Signature _____

FOR OFFICE USE ONLY

Date: _____ Purchased at: _____
Paid by: _____ Check #: _____ Amt: _____
Date Dep: _____ Computer entry on: _____
Exp. Date: _____ Card mailed on: _____