

The Children's Museum of Cleveland Membership Application

Please check one:

- New Member
- Renew My Membership
- Add a Member to Current Membership
- Gift Membership (Please include your name, address, phone & any special instructions.)

Member Information: (please PRINT CLEARLY)

Mr./Mrs./Ms./Dr. _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____

E-mail: _____

* To receive free news and updates via E-mail, provide your E-mail address above or visit the Museum's website at www.clevelandchildrensmuseum.org to register.

Member Names: (Please print the names and birthdates of the individuals in the family who will be using this membership.)

Please choose a membership type:

<i>Individual Plus=\$50</i> <i>(Adult & child)</i>	<i>Family= \$80</i> <i>(4 Person)</i>	<i>Additional Member= \$15</i> <i>(1 Additional Person)</i>
Membership Cost		\$ _____
Additional Members (\$15 per person)		\$ _____
Additional Gift to Support the Museum		\$ _____
Total due		\$ _____

Payment:

Cash Check (payable to The Children's Museum of Cleveland)

MasterCard Visa Discover American Express

Credit Card Number _____ Exp. Date _____

Name on Card _____ CV# _____

Signature _____

For Office Use Only

Approval # _____ Sold by _____

Purchase Date _____

NOTE: Memberships are non-refundable and non-transferable.