



Children's  
Museum

The Children's Museum of History,  
Natural History, Science & Technology  
311 Main Street, Utica, NY 13501  
Tel: 315-724-6129 \* Fax: 315-724-6120  
Email: [info@museum4kids.net](mailto:info@museum4kids.net)  
Website: [www.museum4kids.net](http://www.museum4kids.net)

**GENERAL MEMBERSHIP FORM - Following categories must be filled out**

<u>NAME</u>	<u>AMOUNT</u>	<u>PRIVILEGES</u>
Family	\$150.00	* Free family admission (2 adults & up to 2 children in that household)
Family +	\$175.00	* Free family admission (2 adults & up to 5 children in that household)
Family ++	\$195.00	* Free family Admission (2 adults & up to 8 children in that household) * Includes a 2 <sup>nd</sup> card for the other parent or partner
Family +Grandparents	\$195.00	* Free family Admission (2 adults & 5 household children + grandparents) * Includes a 2 <sup>nd</sup> card for either the other parent/partner or grandparent

Please print clearly and return this form with your payment:

- \* This is a (check one): \_\_\_\_\_ New Membership \_\_\_\_\_ Renewed Membership \_\_\_\_\_ Gift Membership
- \* Check Category: \_\_\_\_\_ Family (\$150) \_\_\_\_\_ Family + (\$175.) \_\_\_\_\_ Family ++ (\$195.) \_\_\_\_\_ Family + Grandparents(\$195.)
- \* First Name \_\_\_\_\_ Last Name \_\_\_\_\_
- \* Partner's Name (first & last) \_\_\_\_\_
- \* Mailing Address \_\_\_\_\_
- \* Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- \* Phone (\_\_\_\_) \_\_\_\_\_ (h) (\_\_\_\_) \_\_\_\_\_ (w)
- \* E-mail address \_\_\_\_\_
- \* Number of people in the household) covered by this membership \_\_\_\_\_ (adults) \_\_\_\_\_ (children)

First name & Ages of these children: \_\_\_\_\_

*If this is a gift membership, for the person above, please give us your name and address also.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Following is to be completed by museum staff -* Membership card #: \_\_\_\_\_ Date join/rejoin: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Payment Method: \_\_\_\_\_ Check \* \_\_\_\_\_ Cash \* Credit card \_\_\_\_\_ Visa or \_\_\_\_\_ Mastercard

Card No. \_\_\_\_\_ Expiration Date (month/year) \_\_\_\_\_

**Requirements:** By signing below, we understand what our Children's Museum Membership entitles us to, and we agree to abide by, and help our children understand & abide by, the Children's Museum Rules. We also agree to support its growth.

Signature of Member/Purchaser (required): \_\_\_\_\_ / \_\_\_\_\_

*Membership entitles you to 8 benefits: 1.) free admission on days museum is open, 2.) free newsletter w/ monthly events & activities + yearly events, 3.) \$5 admission on special event days, 4.) entitles you to bring guests for reduced rate of only \$6. per guest, 5.) 10% discount on museum birthday parties, 6.) 10% discount on museum gift shop items, 7.) first to know about new programs & exhibits with our e-mail updates, 8.) free admission to following reciprocal museums: M.O.S.T. Syracuse, Discovery Center Binghamton, Sci-Tech Center Watertown, Junior Museum Troy, Science Center Ithaca. NOTE: For an additional \$10. in @ category, you can get a duplicate card for partner &/or babysiter of that household. Lost cards can be replaced for a \$10. fee.*

We receive no city, county, state, or federal funding for operating costs, but we're still the best "family bang for the buck". Enjoy, thanks for your support, & please spread the word of all that our museum offers as we keep growing!