



Email: info@museum4kids.net

Website: www.museum4kids.net

The Children's Museum of History,
Natural History, Science & Technology
for kids from 1 to 101
311 Main Street, Utica, NY 13501
Tel: 315-724-6129 * Fax: 315-724-6120

GENERAL MEMBERSHIP FORM – Category information needed must be filled out

NAME	AMOUNT	PRIVILEGES
Grandparent /Single Parent	\$100.00	Yearly Membership (Admit 1 grandparent & 1 grandchild OR 1 single parent & 1 child)
	\$60.00	Six Month Membership (both include 1 laminated membership card)
Family	\$150.00	Yearly Membership (Admit 2 adults & up to 2 children in that household)
	\$85.00	Six Month Membership (both include 2 laminated membership cards)
Family +	\$175.00	Yearly Membership (Admit 2 adults & up to 5 children in that household)
	\$95.00	Six Month Membership (both include 2 laminated membership cards)
Family +Grandparents	\$195.00	* Family Admission (2 adults & up to 5 household children + grandparents)
	\$110.00	Six Month Membership (both include 3 laminated membership cards)

Please print clearly and return this form with your payment:

- * This is a (check one): ___ New Membership ___ Renewed Membership ___ Gift Membership
- * Check Category 1 year membership: __ Single (\$100.) __ Family (\$150.) __ Family + (\$175.) __ Family + Grandparents(\$195.)
- * Check Category 6 month membership: __ Single (\$60.) __ Family (\$85.) __ Family + (\$95.) __ Family + Grandparents(\$110.)
- * 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 names & 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): _____ / _____

Museum Membership entitles you to: 1.) free admission to all 4 floors of our museum on all days museum is open plus daily activities, 2.) bring guests for only \$5. each, 3.) 10% discount on museum birthday parties & gift shop items, 4.) e-mail updates, 5.) free admission to reciprocal museums: Discovery Cntr Binghamton, Sci-Tech Ctr Watertown, Jr Museum Troy, Science Cntr Ithaca.