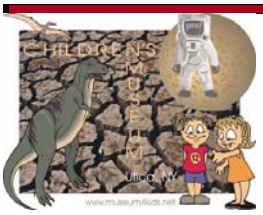

**Tel: 315-724-6129**

**Email: marlenebrown@roadrunner.com**

**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**

## 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 *(includes 1 laminated membership card)* |
| Family | $150.00 | Yearly Membership (Admit *2 adults & up to 2 children in that household*) |
| | $85.00 | Six Month Membership *( includes 2 laminated membership cards)* |
| Family + | $175.00 - | Yearly Membership (Admit *2 adults & up to 5 children in that household*) |
| | $95.00 | Six Month Membership *(includes 2 laminated membership cards)* |
| Family +Grandparents | $195.00 | Yearly Membership (*2 adults & up to 8 children in that family + grandparents*) |
| | $110.00 | Six Month Membership *(includes 3 laminated membership cards)* |
| Day Care Centers/Scouts/ Home School/ Special Needs | $225.00 | * Yearly Group Admission (*3 adults & up to 12 children in that particular group) (Includes 2 laminated cards for Owner/Leader & Assistant* ($5. @ add'l person) |

**Please print clearly and return this form with your payment:**

* **This is a (check one): ____ New Membership ____ Renewed Membership ____Gift Membership**

* **Check Category 1 yr members: _Single ($100.) __Family ($150.) __Family + ($175.) __Family ++($195.) __Small Group $225.**

* **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.***