



Tel: 315-724-6129
 Email: marlenebrown@roadrunner.com
 Website: www.museum4kids.net
 Hours: Monday, Thursday, Saturday
 9:30am – 2:30pm (Friday's holiday wks)
 No admissions one hour prior to closing

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	\$250.00	* 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): _____ / _____

 I understand The Children's Museum reserves the right to close early on any given day which has no visitors in past 1:30pm. (we receive no funding for operations from the City, County, State or Federal government)

Museum Membership entitles you to: 1.) free admission to all 4 floors of our museum on 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.*