

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:

*Individual Plus=\$50
(Adult & child)*

*Family=\$70
(4 Person)*

*Additional Member=\$10
(1 Additional Person)*

Membership Cost	\$ _____
Additional Members (\$10 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 _____
Signature _____

For Office Use Only

Approval # _____ Sold by _____
Purchase Date _____

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