

The Children's Museum of Cleveland Membership Application

Please check one:

New Membership Renew Membership
 Add a Nanny/Caregiver or additional person to a current membership

Member Information: (please PRINT CLEARLY)

Mr./Mrs./Ms./Dr. _____

Address: _____ Apt. # _____

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 who will be using this membership)

Please choose a membership type:

Basic Membership = \$60 (Includes one adult & child) *Additional Member = \$15 (Each Additional Person)*

Membership Cost	\$	_____
Additional Members (\$15 for each adult/child)	+	\$ _____
Additional donation to support the Museum	+	\$ _____
Total due	=	\$ _____

Payment:

Cash Check (payable to The Children's Museum of Cleveland)
 MasterCard Visa Discover American Express

For Office Use Only

Credit Card Number _____ Exp. Date _____
Name on Card _____ CVV # _____
Purchase Date _____ Sold by _____

NOTE: Memberships are non-refundable and non-transferable

We reserve the right to refuse or discontinue an individual's participation if his/her welfare or the welfare of others is in jeopardy.