



Fascinate-U

CHILDREN'S MUSEUM

Personal/Membership Information

Date: _____

First Name: _____

Mr. Mrs. Ms. Dr.
(Circle One)

Spouse's Name: _____

Mr. Mrs. Ms. Dr.
(Circle One)

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: Home: _____ Work: _____

Cell: _____ Fax: _____

Email: _____

Children:

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Type of Membership:

Family Membership: \$50.00 (plus \$3.50 state tax) Total: \$53.50

General Donation Amount: \$ _____

Payment Method/Amount:

Cash: \$ _____ Check: \$ _____

Visa/MC: \$ _____ Expiration Date: ___/___/___

Signature: _____

Date: ___/___/___

- | |
|---|
| Office Use Only: |
| Membership No. _____ |
| Memb. Expiration Date _____ |
| Renewal: Yes__ No__ Staff _____ |
| <input type="checkbox"/> Membership Card |
| <input type="checkbox"/> Family Pass |
| <input type="checkbox"/> T-Shirt Coupon |
| <input type="checkbox"/> Birthday Party Certificate |
| <input type="checkbox"/> Thank You Letter |
| <input type="checkbox"/> Database Entry |