Exp. Date
Staff Initials:

MWV CHILDREN'S MUSEUM

MEMBERSHIP FORM

$\sqrt{}$	Members	hip Type	Descript	ion		Fee	Total	
	Family I	Membership	Includes 2 adul	ts & up to 4	4 children	\$80.00		
	"Just the	Two of Us"	Includes 1 adul	& 1 child		\$65.00		
	Everyone Pla	ays Membership	"Family members and "family members in need."			\$150.00		
	Additio	onal People	Additional adulto membership.		ren to add	\$10.00 ea.		
	Back	2 School	FREE for child in the MWV. Adadd-ons.	dults and si	blings are	FREE for Pre-K and K		
			*Memberships are	·				
Pleas	se check one:	This is a NEW	membership	This	s is a REN I	E WED MEMBE	RSHIP	
	dult Member C	ontact Information	on					
	. ,							
	ling Address:							
City	/State:				Zip Cod	e:		
Pho	ne:			Email:				
2. C	hild(ren)'s Nam	ne(s):		Age		Date of Bir	th (<i>optional</i>)	
3 A	dditional Peopl	e Please Circle t	o indicate Adul	t (A) or C	hild (C)			
J. 11	aarmonar r copi	CI rease circle to	A/C	11) 01 0	(0)		A/C	
			A/C				A/C	
			A/C				A/C	

MEMBERSHIP VALID FOR ONE YEAR FROM DATE OF PURCHASE/ISSUE

Personal information provided above is ONLY used by the MWVCM We will NEVER share your personal information for any reason.

Date	Payment	Rcvd.	Ву	Listed	monthly	