



# The Children's Museum of Science and Technology Membership Application

This membership is:

New                       Renewal                       Gift

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Membership Type: \_\_\_\_\_

Yes, I'd like to renew and UPGRADE to \_\_\_\_\_

Child's Name

Birth date

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Referred by \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Please contact me about volunteering.

Will your company match your gift?  Yes                       No

*Memberships are not transferable*

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**Museum Use Only**

Method of Payment Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check # \_\_\_\_\_

Date \_\_\_\_\_

Membership card given \_\_\_\_\_