



CM STAFF ONLY	
Last Name	_____
Member #	_____
Date	_____ Expiry Date _____

# Membership Application

**Memberships are \$45.00 per person** (plus GST) for unlimited admission for 1 (one) year at the Children's Museum. Children under the age of 1 (one) get free admission! **Please note:** Membership cards must be presented to the Admissions Attendant upon each visit. Photo identification may also be requested upon presentation of the membership card.

**Primary Contact** (Please print clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

By providing this information, you give the Children's Museum permission to inform you about membership and other relevant museum news.  
 Please do NOT provide me with such.

**List names of ALL new/renewing members (INCLUDING name of the primary contact if a new/renewing member).**

First Name	Last Name	Child's Birthdate (MM/DD/YY)*	CM STAFF ONLY	
			Expires (MM/DD/YY)	MEMBER NUMBER
				C A
				C A
				C A
				C A
				C A

I would like to register to become a member in the corporation and be informed about the Children's Museum's Annual General Meeting where I can exercise my voting rights. (Note: Registration is free. Voting members must be 18 years of age.)  YES  NO

- ★ I understand that:
- This membership & all applicable benefits may only be used by the adult(s) or child(ren) whose name(s) appear as the member(s) on this application.
  - All memberships are non-refundable, & cannot be applied to group/school visits.
  - If members redeem a reciprocal discount offer, active membership status may be confirmed at the request of applicable CM reciprocal partner.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**BECOME A SUPPORTING MEMBER!**

**Purchase a membership, add a donation of \$20 or more, and receive a charitable tax receipt in the amount of your donation!**  
 (Tax receipts for donations under \$20 available upon request.)

<b>Please add my donation of:</b> <input type="checkbox"/> \$20 <input type="checkbox"/> \$40 <input type="checkbox"/> \$60 <input type="checkbox"/> \$80 <input type="checkbox"/> Other \$ _____			<b>CM STAFF ONLY</b> Donation Total \$ _____	
1 (one) year Children's Museum Membership	(\$45.00 + GST) <b>\$47.25</b>	X _____ QTY	<b>Membership Total \$</b> _____	
<b>DISCOUNT</b> <input type="checkbox"/> Admission X _____ QTY <input type="checkbox"/> 10% Reciprocal Organization _____ Expiry Date _____			<b>Discount Total \$ (   )</b>	
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> DEBIT <input type="checkbox"/> PAYMENT PLAN <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> GIFT # _____			<b>GRAND TOTAL \$</b> _____	

**CM STAFF ONLY**

First Name	Last Name	Renewal Date (M/D/Y)	Expires (M/D/Y)	MEMBER NUMBER	
					C A
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