



# MUSEUM MEMBERSHIP



### PRIMARY CONTACT (PLEASE PRINT CLEARLY)

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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

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. \*If you opt out, you will not be informed of upcoming Member's Exclusive events.

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. Registration is free. Voting members must be 18 years of age.  Yes  No

### LIST NAMES OF ALL NEW MEMBERS (INCLUDING NAME OF THE PRIMARY CONTACT)

First Name	Last Name	Birthdate (mm/dd/yyyy)	CM STAFF ONLY	
			Expires (mm/dd/yyyy)	Membership Number

### MEMBERSHIP TERMS & CONDITIONS

- Individual Membership rates are applicable to anyone ages 1-101.
- Membership cards must be presented to the Admissions Attendant upon each visit. Photo identification may also be requested upon presentation of the membership card.
- Children's Museum memberships are non-refundable and non-transferable. Only the individual whose name appears on the membership card is eligible for member benefits.
- Memberships are for individual visits only and cannot be applied to school or other group visits, including birthday parties or museum rentals.
- All membership benefits are conditional offers and may be subject to change without notice.
- Please notify the Children's Museum in the event of a lost or stolen membership card. Arrangements will be made to issue you a replacement card. A replacement fee of \$2.50 will apply.
- Membership cards are available for pick-up in person only. The Children's Museum does not mail membership cards.
- For a list of Frequently Asked Questions about museum membership, please see [childrensmuseum.com](http://childrensmuseum.com).

I have read and understood the Membership Terms & Conditions.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## BECOME A SUPPORTING MEMBER

Purchase a membership, add a minimum donation of \$25, and receive 1 additional guest pass along with a charitable tax receipt in the amount of your donation!

Yes! Please add my donation of:

\$25  
  \$50  
  \$75  
  \$100  
  OTHER \_\_\_\_\_
 | Donation Total \$ \_\_\_\_\_

## PAYMENT PLAN REGISTRATION

The Children’s Museum is pleased to offer risk-free Payment Plans for multiple\* membership purchases (\*2 or more individual memberships). Simply register in-person with an Admissions Attendant for two or more individual museum memberships, pay regular admission for the next 4 visits, and on your 5<sup>th</sup> visit, pay the \$2 (+GST) balance to become a full-fledged member!

- Payment plans are only applicable to museum visits on or after the date of your Payment Plan registration. Visits prior to your registration date or third-party admission to the Children’s Museum, even with proof of entry, cannot be applied toward your Payment Plan.
- Payment Plans are non-transferrable and non-refundable.
- Special ticketed events (i.e.,: Halloween Howl) cannot be applied to your Payment Plan.
- You are not eligible for membership benefits until your Payment Plan is complete. Membership rewards come into effect for the remainder of the year based on your registration date.

I have read and understood the Payment Plan Terms & Conditions

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Full Name	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1 year Children’s Museum Membership (\$50 + GST) \$52.50 x _____ QTY	<b>CM STAFF ONLY</b>
DISCOUNT 10% Reciprocal Organization _____ Expiry Date _____	Membership Total \$ _____
<input type="radio"/> CASH <input type="radio"/> DEBIT <input type="radio"/> AMEX <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> PAYMENT PLAN	Discount Total \$ _____
<input type="radio"/> GIFT CARD # _____	Grand Total \$ _____