



Membership

Today's Date ____ / ____ / ____

FOR OFFICE USE ONLY

New Renewal Gift
 Member # _____
 Expiration Date ____ / ____ / ____

Contact Information

Primary Card Holder Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

We will add you to the Museum's email list so you will receive news, event information, deals and more!

This membership is gifted by:

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Membership Level (Please select one)

	ADULTS	CHILDREN	COST
<input type="checkbox"/> Family 2	2	1-2	\$65/year
<input type="checkbox"/> Family 4	2	3-4	\$75/year
<input type="checkbox"/> Family 6	2	5-6	\$90/year
<input type="checkbox"/> Family 6 to UCM with the Association of Children's Museums Reciprocal Network - 50% off 6 admissions at over 200 museums			\$125/year
<input type="checkbox"/> Single Parent/Grandparent Family	1	up to 4	\$50/year
<input type="checkbox"/> Group Membership (Daycare Centers, Scouts, Home School, etc.)	3	12	\$95/year
<input type="checkbox"/> Library Membership	2	up to 4	\$150/year

Add a caregiver to your membership for \$10/year (includes additional card)

Caregiver name _____

Notes _____

Benefits of Membership

- Unlimited admission for adults and children listed on your membership for one year
- Discounts on special events, programs or activities
- 15% discount on birthday parties
- 10% discount on gift shop purchases
- \$5 reduced admission for guests

Membership Details

Number of people in the household covered by this membership _____(adults) _____(children)

Names of adults to be included under membership:

1. _____
2. _____
3. _____
4. _____

First names of children to be included under membership:

	Age	Birthday Month
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Names of additional adults, if any _____

By signing below, we understand what our membership entitles us to, and we agree to abide by the CM Guidelines.
Note: Members must present card upon admission; memberships are non-transferable.

Signature of Member/Purchaser _____

Payment


Check (May be made payable to: Utica Children's Museum)

Visa Mastercard Card # _____ Exp Date ____ / ____

Signature _____



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Utica Children's Museum is managed by  kids ONEIDA