

YES! Please enroll our Library as a Member of the Boston Children's Museum!

- Please enroll us as a **Full Library Member** for twelve months at a cost of **\$700**.
- Please enroll us as a **Half Library Member** at a cost of **\$350**.
- Half Membership for three days (Tuesday, Thursday & Saturday) a week for twelve months.
- Half Membership for seven days a week for six months.
- Enclosed is a check for \$ _____ .
- Please send an invoice for \$ _____ . *(Membership cards will not be issued until a check is received.)*

Please make your check payable to **Boston Children's Museum** and please mail to:

Membership Office
Boston Children's Museum
308 Congress Street
Boston, MA 02210

Library Name: _____

Name of Contact Person: _____

Address: _____

City/Town: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

E-mail: _____



**BOSTON
CHILDREN'S
MUSEUM**

www.BostonChildrensMuseum.org