

Boston Children's Museum membership

Pick Your Membership Category

☐ \$200 (Big) ☐ \$400 (Bigger) ☐ \$1,000 (Biggest)



Card Holder Names

Primary Adult Card Holder:

☐ Ms. ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Mx. First Name: _____ Last Name: _____

Second Adult Card Holder (optional):

☐ Ms. ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Mx. First Name: _____ Last Name: _____

Third Adult Card Holder (optional):

☐ Ms. ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Mx. First Name: _____ Last Name: _____

Address (most communication is sent via e-mail)

Street: _____ Apartment or Unit # _____

City/Town: _____ State: _____

Zip: _____ E-mail Address: _____@_____

Telephone Number (_____) _____ - _____ This is my: ☐ Home/Land Line ☐ Cell ☐ Business

Additional Family Information (optional)

Child's First Name: _____ Year of Birth: _____

Child's First Name: _____ Year of Birth: _____

Child's First Name: _____ Year of Birth: _____

Child's First Name: _____ Year of Birth: _____

Contact Options

☐ Please do not contact me by telephone

☐ Please do not contact me by e-mail

Optional Additional Costs

Increase # of people admitted from 4 to _____ @\$25 each.

Subtotal: \$ _____

Add _____ additional adult card holders @\$10 each.

Subtotal: \$ _____

Names of additional card holders:

(Biggest membership - no charge for additional cardholders)

Total Additional Costs: \$ _____

Did You Know?

Membership and general admission only account for 30% of the Museum's operating costs? Your gift to the annual fund helps provide access to all children and families.

Annual fund donation: \$ _____

GRAND TOTAL: \$ _____

Staff Use Only

Today's Date: _____/_____/_____

Salesperson: _____

Other Staff: _____

Transaction Number: _____

+ Admits additional people: \$ _____

+ Card Holders: \$ _____

+ Annual Fund Donation: \$ _____

GRAND TOTAL: \$ _____

Notes: _____
