



Member Information Form



First Name: _____ Last Name: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Please read and initial the following:

- I will receive a Member Benefits page and a copy of the Member Information Form.
- I understand I am the Primary Authorized Adult on membership. The Primary or Secondary Authorized Adult (if purchased and listed on the Member Information Form) will need to be present for any child membership admittance to the museum.
- I understand memberships are non-refundable and non-transferable.
- I understand memberships are active for one year from the date of purchase.
- I understand that I can present my phone number and photo ID in lieu of presenting my Membership ID.
- I understand that the free admission benefit does not include field trips, birthday parties, or special event admissions.
- I understand that any guest passes received are One-Time Use only. Guest passes may not be used for field trips or birthday party admission and expire one year from date of membership. Guest passes cannot be reissued. Members do not need to be present to redeem passes.
- I understand: I can upgrade my membership at any time and that the expiration date will remain the same as the original membership purchased.
- I understand: Parents/Caregivers are responsible for child supervision at all times while inside the museum and on museum grounds. Abuse of exhibits and/or disruptive, abusive, and disrespectful behavior towards museum guests/staff is not permitted, and you may be asked to leave the museum without a refund.
- I understand: To replace any lost/stolen cards is a \$10 charge. Adding additional members at a later date will require a \$5 charge to issue an updated card.
- I understand that any misuse of these policies may result in revocation of member ID/benefits without refund of purchase price or pro-rated purchase amount.

Membership Type: CRIMSON SAPPHIRE GOLDEN

Member Signature: _____ Date (of Purchase/Redemption): _____

SECONDARY Adult (Please PRINT) First _____ Last _____

OFFICE USE ONLY: Membership type: _____ # of Members _____ # Guest Passes _____

Membership Start Date: _____ Expiration Date: _____ Renewal: Y / N

Method of Purchase: _____ Staff: _____ Date Card Issued (w/staff initials): _____

Database Entry Date _____ **Staff** _____