



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 the 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 I will be asked to present a photo ID for each visit.
 - 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.
 - 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: To replace any lost/stolen cards is a \$10 charge. To add/replace a secondary authorized adult at a later date is a \$5 charge.
 - 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.
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SECONDARY Adult (Please print) First _____ Last _____

Member Signature _____ Date _____

OFFICE USE ONLY: Date of Purchase _____ Staff _____ Method of Purchase _____ Member Card ID _____ # of Members _____ Guest Passes # _____ Membership Start Date: _____ Expiration Date: _____ Database Entry Date _____ Staff _____

Membership Type: _____ Exp Date _____ Is this a Renewal? Y / N

Membership ID: _____