



Date Purchased: \_\_\_\_\_  
Membership Number: \_\_\_\_\_

# Children's Museum of the Shoals

## Membership Registration

- \_\_\_\_\_ I wish to become a member of the Children's Museum of the Shoals.
- \_\_\_\_\_ I wish to renew my membership to the Children's Museum of the Shoals.
- \_\_\_\_\_ I wish to give a gift membership to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**The following people are included in the membership:**

Spouse (if not included above): \_\_\_\_\_

Child: \_\_\_\_\_ Child: \_\_\_\_\_

Age

Age

Child: \_\_\_\_\_ Child: \_\_\_\_\_

Age

Age

If gift membership, purchased by: \_\_\_\_\_

Gift card to read: \_\_\_\_\_

**Family Membership Fees (Non-transferable):**

**( ACM Reciprocal Membership optional)**

- Basic (up to three people) \$ 60.00
- Four people 80.00 (+ \$20.00 for ACM Reciprocal Membership)
- Five or more people 100.00 (+ \$25.00 for ACM Reciprocal Membership)

**Contributing Memberships (Includes a Family Membership and ACM Reciprocal Membership for six.)**

- Supporter \$ 150.00
- Sponsor 250.00
- Benefactor 500.00
- Patron 1,000.00

**Method of Payment:**

- \_\_\_ Cash or \_\_\_ Check/Money Order, made payable to **Children's Museum of the Shoals**.
- \_\_\_ Visa or \_\_\_ Master Card/ Account # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature as it appears on credit card: \_\_\_\_\_

**Send to:**

**Children's Museum of the Shoals**

2810 Darby Drive  
Florence, AL 35630

Tel. 256-765-0500

Website: [www.shoalchildrensmuseum.org](http://www.shoalchildrensmuseum.org)

E-mail: [childrensmuseumshoals@gmail.com](mailto:childrensmuseumshoals@gmail.com)

For office use only: POS \_\_\_\_\_ Database \_\_\_\_\_ TKU \_\_\_\_\_ ACM \_\_\_\_\_ ZIP \_\_\_\_\_ E-Mail \_\_\_\_\_