



Date Filled Out:

\_\_\_\_\_

# Membership Form

New: \_\_\_\_\_

Renewal: \_\_\_\_\_

Please print legibly & complete all information. We are located at **219 N Ridgewood Dr, Sebring, FL 33870** (Downtown Sebring). Please send mail to our location or to **PO Box 1243, Sebring, FL 33871**. Contact us by phone **(863) 451-5385** or email us at **director@childrensmuseumhighlands.com**.

Adult #1 First & Last Name: \_\_\_\_\_ Adult #2 First & Last Name: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_ Relationship to Children: \_\_\_\_\_

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

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

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Is this a cell phone?  YES  NO Check to Join Email Lists: Tot Time \_\_\_\_\_, KNO \_\_\_\_\_, STEAM Team \_\_\_\_\_

### Select Your Membership:

\_\_\_\_ Individual (\$30): Membership benefits\* for one adult. (Note: This membership cannot add additional children.)

\_\_\_\_ One + One (\$50): Membership benefits\* for one adult and one child. (Note: This membership cannot add additional children.)

\_\_\_\_ Family (\$85): Membership benefits\* for a family of five (2 adults & up to 3 children, in same household). (\$10 per each additional child)

\*Membership benefits include free admission for one year, 10% off birthday parties, member-exclusive events, Power Hour on Saturdays.

Our reciprocal program includes complimentary admission (subject to change at any time) to two other museums in Florida.

(1) Explorations V Children's Museum in Lakeland and (2) Schoolhouse Children's Museum & Learning Center in Boynton Beach.

### Children's First Name (& Last Name if different) and Birthdates:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

### Additional Children's Names and Birthdates: (Please Note: There will be a \$10 charge for each additional child.)

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Please list any type of allergies that you or your children may have below.

\_\_\_\_\_

The Museum routinely applies for grants. If you are comfortable doing so, please tell us the following:

#### Ethnic background:

African American: \_\_\_\_\_ Asian: \_\_\_\_\_ Caucasian: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Native American: \_\_\_\_\_ Other: \_\_\_\_\_

Total number of people in household: \_\_\_\_\_ Annual household income: \_\_\_\_\_

#### MUSEUM USE ONLY

Start Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Total Rec'd: \_\_\_\_\_ Method (circle one): Cash Charge Check # \_\_\_\_\_

End Date: \_\_\_\_\_ Card Issued: \_\_\_\_\_ Dbase Entry Date: \_\_\_\_\_ Email: \_\_\_\_\_ Sheet: \_\_\_\_\_