



Date Filled Out:

\_\_\_\_\_

# Membership Form (updated 10/1/2021)

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

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

### Select Your Membership:

\_\_\_ Individual (\$35): Membership benefits\* for one adult. (Note: This membership cannot add additional children.)

\_\_\_ One + One (\$60): Membership benefits\* for one adult and one child. (Note: This membership cannot add additional children.)

\_\_\_ Family (\$120): Membership benefits\* for a family up to five members (2 adults & up to 3 children). (\$20/each additional child)

\*Membership benefits include free admission for all listed members for one year,  
10% off birthday parties, E-Newsletter, member-exclusive events.

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

Adult #1 Name: \_\_\_\_\_ Adult #2 Name: \_\_\_\_\_

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

Membership to be filed under which name: \_\_\_\_\_

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

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

Telephone (\_\_\_\_) \_\_\_\_\_

Newsletter E-mail Address: \_\_\_\_\_

Check to Join Email List: Tot Time Storybook \_\_\_\_\_

### 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 \$20 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.

\_\_\_\_\_

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**.

### 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: \_\_\_\_\_