



## MEMBERSHIP FORM

Please print this form and mail or bring to the museum  
along with your full payment of membership dues

*Cape Cod Children's Museum*

*577 Great Neck Road South, Mashpee, MA 02649*

New Member     Renewal Membership

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Member # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

(For upcoming events and classes – we do not sell or distribute our members' e-mail addresses.)

Additional Member Names: \_\_\_\_\_

### Membership Levels

Family Membership \$75 (up to 4 members), + \$10 additional members\* \$ \_\_\_\_\_ total

ACM Reciprocal Membership \$125

Corporate Membership \$350

Grandparent & Daycare\* Membership \$75 (up to 4 members)

Military Membership \$65 (up to 4 members), + \$10 additional members\* \$ \_\_\_\_\_ total

Enclosed is my check     Visa     Mastercard

Card # \_\_\_\_\_ Expiration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(\*ID required along with Membership Pass for admission into Museum.)

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