



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 \$85 (up to 4 members), + \$10 additional members* \$ _____ total

ACM Reciprocal Membership \$125

Corporate Membership \$400

Grandparent & Daycare* Membership \$85 (up to 4 members)

Military Membership \$75 (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.)
