



# Membership Sign Up

Thank you for joining the Museum family. Membership dollars are one way the community supports the ongoing exhibit changes and programming offered through this non-profit, tax-deductible organization. We truly hope you will find value as a museum member by using your membership often.



Date: \_\_\_\_\_

Name (for mailing, e.g. "John & Jane Smith," "John Jones & Jane Smith") \_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email Address (Please PRINT carefully) \_\_\_\_\_

**Privacy Note:** We do not share or sell member personal information (mail, email, or any other identifying information). While we may release a picture which contains an image of you or your child, we make it a practice not to identify our members through the media, social media, our website or newsletters without your specific consent.

**Why do we ask for your Email?** As a non-profit, every penny counts! Email is the most cost effective way for us to communicate. Communication is both telling and listening. We hope you will share your Email address with us so we can tell you about upcoming programs, events and exhibit openings. We also hope you will tell us how we can better serve you by participating in surveys and by emailing us when you have something we need to hear.

## Membership Options and Fees (✓ to choose one)

- Member Plus Guest..... \$ 105.00
- Member Plus Two Guests..... \$ 125.00
- Member Plus Three Guests..... \$ 135.00
- Member Plus Four Guests..... \$ 150.00
- Member Plus Five Guests..... \$ 160.00
- Member Plus Six Guests..... \$ 170.00
- Member Plus Seven Guests..... \$ 180.00

*Membership is attached to a person who must be present during the visit. Guest can be any person (adult or child) whether related or not.*

*If "Member" is over 55 years old, check here*

**Check our membership flier for details**

**Significantly reduced cost memberships are available to families receiving Federal or State food assistance. Ask at the front desk about a PLUS membership**

**If paying by Credit Card (Visa, MasterCard or Discover) please complete the following and return this form to the address below.**

Card Number |\_|\_|\_|\_| |\_|\_|\_|\_| |\_|\_|\_|\_| |\_|\_|\_|\_| Expiration Date |\_|\_|/|\_|\_| CPV Code (on back) \_\_\_\_\_

Name on Card \_\_\_\_\_ Your Signature \_\_\_\_\_

**Remit to:** Great Lakes Children's Museum  
3200 W. South Airport Rd, Ste 420  
Traverse City, MI 49684  
[www.greatlakeskids.org](http://www.greatlakeskids.org) [info@glcm.org](mailto:info@glcm.org)

**GLCM Staff Use** Member # \_\_\_\_\_

**Paid by** (circle one) Check Cash Credit Card

Entered in POS  Member Card Given  Entered on Database