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.

GREAT LAKES CHILDREN'S MUSEUM

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 info@glcm.org

GLCM Staff Use Member # _____

Paid by (circle one) Check Cash Credit Card

☐ Entered in POS ☐ Member Card Given ☐ Entered on Database