

# Membership Application

This is  a new  a renewal

- |                          |               |       |
|--------------------------|---------------|-------|
| <input type="checkbox"/> | FamilyShip    | \$75  |
| <input type="checkbox"/> | Companionship | \$100 |
| <input type="checkbox"/> | Friendship    | \$150 |
| <input type="checkbox"/> | Partnership   | \$250 |
| <input type="checkbox"/> | Sponsorship   | \$500 |

Please print name as it should appear on membership card.

Name

Address

City

State

Zip

Telephone

daytime

evening

email address

List name of spouse and all children.

spouse

child's name

birthdate

child's name

birthdate

child's name

birthdate

Please send a gift membership at \$ \_\_\_\_ to:

Name

Address

City

State

Zip

Telephone daytime

evening

Email address

Please charge my Mastercard Visa Amex

Account #

expiration date

Signature

My check is enclosed. *Make checks payable to the Staten Island Children's Museum.*

My employer will match my membership!

Company name (Please forward necessary paperwork)