

ADULT NAME _____

ADULT NAME _____

CAREGIVER (\$20 fee applies. Not available with the Inventor Level) _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

NUMBER OF CHILDREN _____ NAMES & BIRTH DATES

If your employer is a Corporate Member (please inquire), deduct 15% from Membership fee and enter name of employer, your department and job title. For a complete list of Corporate Member companies please visit our website or call 860-231-2830 ext: 56.

Company _____ Department _____
Job Title _____

Each level below may be purchased by grandparents. In this event, the grandparents will become the named adults and may attend with the grandchildren listed on that level. All listed children must be under age eighteen.

___ Inventor: \$ 90
One named adult + one guest. Caregiver option is not available for this option only.

___ Scientist: \$125
Maximum of two named adults and two children residing in the same household.

___ Traveler: \$150
Maximum of two named adults and four children residing in the same household.

___ Explorer: \$175
Maximum of two named adults and six children residing in the same household.

___ Discoverer: \$200
Maximum of two named adults and eight children residing in the same household.

Benefits

- Free, unlimited admission to exhibit galleries for a full year for all persons named on the membership at both The Children's Museum and Roaring Brook Nature Center.
- Preferred pricing on premium shows and special exhibits.
- 10% discount in our gift shops.
- Two, one time use, complimentary guest passes for you to invite friends.
- \$2 discount off your guests admission.
- Discounted fees on programs and special events.
- Invites to "Members Only" hours and events.
- Quarterly newsletter and monthly e-blasts.
- Value pack of discounted offers and coupons.
- Free admission to a over 200 museums and science centers around the world through our relationship with The Association of Science and Technology Centers.

All membership level, pricing and benefits are subject to change without notice. Caregiver option is available on all membership levels except Inventor.

Apply: ♦ In person at the museum ♦ By phone (860) 231-2830 ext 56 ♦ Online by visiting www.TheChildrensMuseumCT.org
♦ Mail completed application to: The Children's Museum, attn: Membership, 950 Trout Brook Dr., West Hartford, CT 06119

Method of Payment

Cash Check MasterCard Visa

Credit Card # _____ Exp. Date _____
CVV2# _____ Signature _____

FOR OFFICE USE ONLY

Date: _____ Purchased at: _____
Paid by: _____ Check #: _____ Amt: _____
Date Dep: _____ Computer entry on: _____
Exp. Date: _____ Card mailed on: _____