

# Minnesota Children's Museum

# Membership Enrollment Form (please print legibly)

- New member  
 Renewal member # \_\_\_\_\_  
 Gift (please complete both sections)

The membership will list up to two adults (please print legibly):

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
First Name Last Name

Number of children or grandchildren under age 18 (required): \_\_\_\_\_

Children in the household, or grandchildren:

\_\_\_\_\_  
Name Birth Date

\_\_\_\_\_  
Name Birth Date

\_\_\_\_\_  
Name Birth Date

\_\_\_\_\_  
Name Birth Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Telephone with area code

I would like to receive e-mail updates on Museum events:

\_\_\_\_\_  
E-mail address

If enrolling a nanny (\$20 fee):

\_\_\_\_\_  
Nanny's First Name Nanny's Last Name

**Membership Type:**  Household  Grandparent

Passport \$80

Passport Deluxe \$125

Explorer \$250

**Additional Options:**  Nanny Enrollment \$20

Corporate Discount -\$5\*

Employer: \_\_\_\_\_

<b>DONATE</b>	HELP THE MUSEUM REACH OUT TO ALL CHILDREN AND FAMILIES PLEASE ADD MY GIFT OF:
	<input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> other \$ _____

**Total Amount Due: \$** \_\_\_\_\_

- Cash                       Check # \_\_\_\_\_                      VISA  
 MasterCard               American Express                      Discover

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Name as it appears on credit card                      Expiration Date

**If this is a gift membership:  
Gift Giver Information**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Telephone with area code

**Send membership to:**  Gift Giver  Gift Recipient

Please **Fax** this form to 651-225-6006,

**Bring it** in to the Museum or

**Mail to:** Membership Department

Minnesota Children's Museum

10 West Seventh Street, St. Paul, MN 55102

Membership Hotline: 651-225-6004

**MCM.org**

\*Employees of current corporate contributors to the Museum's Annual Fund may deduct \$5. To find out if you qualify, please call 651-225-6004 or visit [www.MCM.org](http://www.MCM.org).