



Children's Museum Shoals Membership Form

I wish to become a member of the Children's Museum Shoals Membership Renewed
 I wish to give a gift membership
 T- shirts received

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # (____) _____ Cell Phone# (____) _____

Email Address: _____

Names on Membership - Ages 18 months- 10 years

Adult: _____ Spouse: _____

Child's Name: _____ Age: _____ Child's Name: _____ Age: _____

Child's Name: _____ Age: _____ Child's Name: _____ Age: _____

Designated person for Add on Membership _____

If a gift membership; Purchased by: _____

Gift Card to read: _____

Memberships (Non- Transferable) * Single Parent - Only 1 Parent listed *

Family \$100 _____ Single Parent \$75 _____ Grandparent In-town \$75 _____

Grandparent Out of town \$60 _____ Add on Membership \$25 _____

Date Paid _____	Membership Date _____
Method of payment: Cash _____	Check # _____ Credit Card _____
Entered in System Date _____	CMS Employee _____
Entered in LOG book Date _____	CMS employee _____
Membership Card given _____	CMS employee _____
Entered in Master Binder _____	CMS employee _____

Membership Amount: \$ _____

I'd like to make an additional gift of: \$ _____

Total Amount: \$ _____

We love to see smiling faces of our guests, we occasionally take photos and video of our guests for promotional purposes.
If you do not want us to use photos of you/ your children, please notify photographer.