CHILDREN'S MUSEUM of the Shoals

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Children's Museum Shoals Membership Form

___ I wish to become a member
___ I wish to give a gift membership
___ I wish to renew a membership

Name on Membership:_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Phone #:_____ **Email:**_____

OPTIONAL

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

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

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

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

STAFF ONLY

Date Paid:_____ **SNAP** _____

Method of Payment: Cash____ **Check #**_____ **Card**____

Entered in Square Date:_____ **CMS Staff**_____

Entered in LOG Book Date:_____ **CMS Staff**_____

Membership Card Given:_____ **CMS Staff**_____

Entered in Binder:_____ **CMS Staff**_____

MEMBERSHIP OPTIONS

Family $100 ____

Single Parent $75 ____

Grandparent In-Town $75 ____

Grandparent Out-of-Town $60 ____

Add on Membership $25 ____

Upgrade ____

Membership Amount: $_____

Total Amount: $_____

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

@cmshoals

Children's Museum Shoals