

Membership Application

Choose your membership level:

Contributing Membership \$ _____

We will contact you about additional benefits for your contributing membership of over \$150.

Plus Membership \$100

(Up to 7 family members)

Basic Membership
Up to 4 family members \$48

5 family members \$60

6 family members \$72

Additional member(s) _____ \$12 each

Adult _____

Adult _____

Child _____ Birth date _____

Child _____ Birth date _____

Child _____ Birth date _____

Child _____ Birth date _____

Additional member _____

Additional member _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

(Email is our primary method of communicating with our members. Addresses are not shared with any other organization.)

Membership dues \$ _____

Additional contribution \$ _____

Total amount enclosed \$ _____

Send this form with a check to:
Central Wisconsin Children's Museum
P.O. Box 474
Stevens Point, WI 54481

Office use: Good through _____ Card # _____ Renewing member New member
