

5 Steps to Become a Member



1 Pick Your Level 2 Learn about Benefits 3 Find Your Bonus Benefits

Family Levels

- Dual \$90**
2 named individuals
- Family \$125**
4 named individuals
 1x
- Family Plus \$150**
6 named individuals
 2x
- Family Access \$10-50**
See #4 for details

Donor Levels

Philanthropic gifts of \$250+ support exciting exhibits, education and our Access programs. Gifts are tax-deductible and include Family Plus membership benefits.

Every Membership Level gets...

- Unlimited Free Admission**
 - For each named individual
- Exclusive Access**
 - NEW! Members Mornings – On the third open Saturday of each month, the museum opens early for members from 8–9:30 a.m.
 - Early registration to summer camps
- Special Events**
 - Invitations to free Member Parties, including annual PJ Party
 - Sneak peeks of new exhibits
- Discounts**
 - 10% discount on all museum purchases, including The Roman Candle Sparkler, Birthday Parties, Summer Camps, Adult Swim, and Gift Shop items
 - Discounts with our 10% Partners
 - Discounts at Overture Center and Children's Theater of Madison

Look for these icons under your chosen membership level

Reciprocal Admission Benefits



Association of Science & Technology Centers
Free general admission to hundreds of science and technology museums



Association of Children's Museums
50% off admission at children's museums around the country

Guest Pass



One-time-use guest pass good for up to 4 people

4 Find out about Family Access: Subsidized memberships available to qualifying families

Qualifying programs:

- | | | | |
|--|--------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Foodshare/Quest | <input type="checkbox"/> WIC | <input type="checkbox"/> Unemployment | <input type="checkbox"/> MMSD Play & Learn |
| <input type="checkbox"/> Childcare Subsidy | <input type="checkbox"/> WHEAP | <input type="checkbox"/> Section 8 | <input type="checkbox"/> Big Brothers/Big Sisters |
| <input type="checkbox"/> BadgerCare Plus | <input type="checkbox"/> SSI | <input type="checkbox"/> Head Start | <input type="checkbox"/> SAPAR |
| <input type="checkbox"/> Free/Reduced School Lunch | <input type="checkbox"/> W2 | <input type="checkbox"/> Birth to 3 | <input type="checkbox"/> YWCA |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> SSDI | <input type="checkbox"/> IEP | <input type="checkbox"/> Foster Care |

Memberships are good for the qualifying family and caregivers. Members may continue to renew at this level as long as they continue to qualify under these programs.

Yes, I qualify. Sign me up.

I have checked the program(s) I participate in (see left).

I am able to pay...

- \$10 (minimum) \$20
 \$30 \$40 \$50

I don't qualify, but I'd like to give a gift.

This program is made possible by support from friends like you! Give a gift to help us reach as many families as possible.

I can give...

- \$5 \$10 \$25
 \$50 Other \$_____

5 Start Your Membership: Fill out registration form on the flip side and provide payment

Add up your payment here

\$ _____ + \$ _____
 Membership Price Gift to Family Access

Add-ons:

- \$42 extra member cards
 \$20Extra named member

\$ _____
Total Payment

- Paid at front desk of Museum (receipt attached) no need to fill out form below**
 Check payable to Madison Children's Museum Foundation, Inc. is enclosed

Charge to: **Visa** **Mastercard** **American Express** **Discover**

Name on Card _____

Card Number _____

Expiration Date _____ Security Code _____

Signature _____ Date _____

For Office Use Only:

 STAFF INITIALS

 DATE SOLD

 EXPIRATION DATE
 _____ TOTAL MEMBERS
 _____ TOTAL CHILDREN



Member Registration



New Member **Returning Member** Membership ID _____



Individuals must be named to receive benefits.

Dual: primary +1 named member

Family Plus: primary +5 named members

Family: primary +3 named members

Family Access: household + caregivers

★ **Primary Adult Member:**

Prefix _____ First Name _____ Last Name _____ Birthday ___/___/___

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email _____

★ **Second Member:** Child Adult ★ Relationship to Primary Adult _____

First Name _____ Last Name _____ Birthday ___/___/___

★ **Third Member:** Child Adult ★ Relationship to Primary Adult _____

First Name _____ Last Name _____ Birthday ___/___/___

★ **Fourth Member:** Child Adult ★ Relationship to Primary Adult _____

First Name _____ Last Name _____ Birthday ___/___/___

★ **Fifth Member:** Child Adult ★ Relationship to Primary Adult _____

First Name _____ Last Name _____ Birthday ___/___/___

★ **Sixth Member:** Child Adult ★ Relationship to Primary Adult _____

First Name _____ Last Name _____ Birthday ___/___/___

Memberships are active immediately. You can visit the museum using an ID at any time. All memberships come with two membership cards, which will be mailed about 2-6 weeks after purchase.

Gift Giver Information

Purchaser First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email _____

Send membership cards to: Recipient Giver *See note Send Renewal to: Recipient Giver Both

Add message for recipients: _____

*Note: Membership cards take 2-6 weeks to be mailed. Gift certificates are available. Contact membership@madisonchildrensmuseum.org or (608) 354-0550.

For Office _____
Use Only: PRIMARY ADULT LAST NAME DATE PURCHASED