






# Member Registration


New member     Renewing member    Membership ID \_\_\_\_\_     Gift membership


Memberships are active immediately. You can visit the museum using an ID at any time.  
All memberships come with digital membership cards, which will be issued to the primary member's email address.

## Select your membership type

- Dual, \$120**      2 named members | 2 guest passes | standard benefits
- Family, \$165**      4\* named members | 6 guest passes |  admission | standard benefits
- Family Plus, \$200**      6\* named members | 10 guest passes |   admission | standard benefits
- Wonder Maker, \$350+**      6+ named members | 10+ guest passes |   admission | standard benefits  
exclusive donor benefits | partially tax-deductible, see our website for details
- Family Access, \$15+**      Whole family | need-based member level, see below for qualifications

\*Add an extra named member \$20

 half-price admission to hundreds of children's museums

 free admission to hundreds of science centers

## Family Access Memberships

Subsidized Family Access Memberships are available to families that qualify through public assistance or education programs. No documentation is required, but please indicate the programs you qualify for from the list below.

### 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/504      | <input type="checkbox"/> Foster Care              |

### Pay what you can, minimum \$15

Family Access Memberships are available on a sliding scale, with a minimum of \$15, and we ask that families give as much as they are able.

#### I am able to pay...

- \$15 (minimum)     \$25     \$50     \$75     Other

## Give a gift to support the museum

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Membership price      Donation to MCM      Extra members (\$20 per)      TOTAL

Mail or bring this form with payment to Madison Children's Museum, **100 N. Hamilton St. Madison, WI 53703**.  
You can also sign up via phone or online at **MadisonChildrensMuseum.org**

Memberships below the Wonder Maker level are not tax deductible.

For office use only:

STAFF INITIALS      DATE SOLD      EXP DATE      TOTAL MMBS      TOTAL CHILDREN      CHECKED INTO DAILY SALES

## Name your members

All individuals must be named to receive benefits

### Primary adult member

Prefix \_\_\_\_\_ First name \_\_\_\_\_ Last name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Mailing address \_\_\_\_\_

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

Phone \_\_\_\_\_

\*Email \_\_\_\_\_

\*All museum communication will be sent to this address, including digital membership cards and invitations to member events. The information you provide is used only for the museum's internal purposes.

**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 \_\_\_/\_\_\_/\_\_\_

### Gift giver information

Purchaser first name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Send renewal to:  Recipient  Giver \*See note      Send Renewal to:  Recipient  Giver  Both

Add message for recipients: \_\_\_\_\_

\*Note: All membership information is issued digitally directly to the primary adult on the membership. Gift certificates are available. Contact [membership@madisonchildrensmuseum.org](mailto:membership@madisonchildrensmuseum.org) or (608) 354-0550.

For office use only:

PRIMARY ADULT LAST NAME

DATE PURCHASED