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

Select your membership type

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dual, $120</td>
<td>2 named members</td>
</tr>
<tr>
<td>Family, $165</td>
<td>4* named members</td>
</tr>
<tr>
<td>Family Plus, $200</td>
<td>6* named members</td>
</tr>
<tr>
<td>Wonder Maker, $350+</td>
<td>6+ named members</td>
</tr>
<tr>
<td>Family Access, $15+</td>
<td>Whole family</td>
</tr>
</tbody>
</table>

*Add an extra named member $20

Half-price admission to hundreds of children’s museums

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.

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

\[
\text{Membership price} + \text{Donation to MCM} + \text{Extra members ($20 per)} = \text{TOTAL}
\]

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Memberships below the Wonder Maker level are not tax deductible.
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 or (608) 354-0550.

For office use only:

___________________________________________________________  ____________________________
PRIMARY ADULT LAST NAME  DATE PURCHASED