

HCM Membership Registration Form

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|---|--|
| <input type="checkbox"/> Support Membership - \$50 | <input type="checkbox"/> Donor Membership* - \$150 |
| <input type="checkbox"/> Grandparent Membership - \$55 | <input type="checkbox"/> Sponsor Membership* - \$250 |
| <input type="checkbox"/> Family Membership - \$85 | <input type="checkbox"/> Corporate Membership* - \$500 |
| <input type="checkbox"/> Reciprocal Membership* - \$100 | |

*includes ACM reciprocal membership.

 Parent/Guardian Names (**Please indicate male/female with each name**)

 Address

 City, State, Zip

 City/County of

 Email (Notification of HCM Events only):

Home Phone: _____ Cell: _____ Work: _____

 Skills/Interests to Share:

Child Name (First/Last)	Gender	Birthdate

Check to receive notice of HCM events for homeschoolers.

Mail this form and your check payable to HCM to:
 Harrisonburg Children's Museum, P.O. Box 957, Harrisonburg, VA 22803

Your new membership card will be mailed to you.

The Harrisonburg Children's Museum (HCM) works hard to ensure the safety of each child. Parents and caregivers must be present with their children at all exhibit locations. HCM is not responsible for accidents or injuries. Members assume

Date Rec'd: _____ **BY** _____ **Member Number:** _____

NEW: ___ **EXP:** _____ **RENEW:** ___ Previous Exp: _____ New Exp: _____

Payment: Cash ___ Check # _____ CC ___ Gift Cert. _____

Membership Cards: Given _____ To Be Mailed (attach) _____ Date Mailed _____

GP: Renewal Month (give 2) ___ Donor(3) ___ Sponsor (6) ___ Corporate (20) ___

Reciprocal: sticker on card _____

EXCEL: _____ **OUTCOMETRACKER:** _____ **EMAIL DATABASE:** _____