



## Membership Enrollment

### Membership Options

New  Renewal  Gift

Individual \$55

Dual \$95

Family \$130

Family Premium \$160

Concourse Club \$325

Whispering Fountains Club \$575

### Family Information (please print clearly)

Member ID # \_\_\_\_\_ (if applicable)

Name \_\_\_\_\_ M F  
Gender

Adult - First Name

Last Name

Name \_\_\_\_\_ M F  
Gender

Adult - First Name

Last Name

Please indicate number of (grand)children in each age category:

newborn - 3 \_\_\_\_\_

4 - 8 \_\_\_\_\_

9 - 13 \_\_\_\_\_

14 - 17 \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Member updates, discounts and events will be sent to my e-mail address.

### Gift Giver Information (if applicable)

Member ID # \_\_\_\_\_ (if applicable)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Member updates, discounts and events will be sent to my e-mail address.

### Payment Information

Check, payable to Cincinnati Museum Center

Cash

I'd like to donate \$ \_\_\_\_\_ to Cincinnati Museum Center

Please charge a total of \$ \_\_\_\_\_ to my:

Amex  Discover  Visa  MC

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ V-code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

#### Staff Use Only

Date \_\_\_\_\_ Staff Initials \_\_\_\_\_