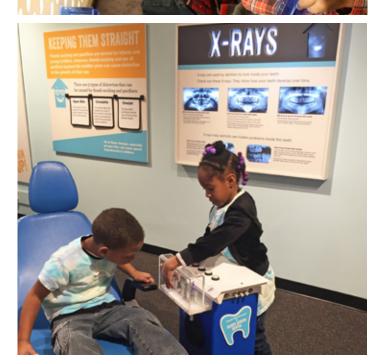
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Which Membership is best for you?

Individual	\$85	\$45
Dual	\$115	\$95
Family	\$175	\$155
Family Premium	\$215	\$195

Educator name _____

Second named adult	_
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Number of (grand)children age 17 and under _____

Address	 	
City		

-mai	

Phone			

School information	Hom	e school	
School name			
Address			
City		Zip	
Subject(s)			
Grade level(s)			

State Zip

Educator credentials

(please attach a copy of one of the following)

- _____ Teachers union card
- ____ School ID card
- ____ Documentation from school official
- _____ Homeschool association/network membership card

Payment information

____ Check payable to Cincinnati Museum Center
___ Please charge a total of \$_____ to my:
___ AMEX ___ Discover ___ Visa ___ Mastercard
Card # _____
Exp. date _____ CVV code _____
Name on card ______

Name on c

Signature _____



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