

**CHILDREN'S MUSEUM & THEATRE OF MAINE
MEMBERSHIP FORM**

NEW **RENEW** **GIFT** (see bottom)

Primary Adult _____

Secondary Adult _____

Children Included in Membership

Please circle and list on the right side of this form.

1 2 3 4 5 6 7+

Mailing Address _____

City _____ **State** _____ **Zip** _____

Primary Phone _____

Email _____

Choose Your Membership:

- Just the Two of Us: \$90 Passport: \$140
- Grandparent: \$100 Sponsoring: \$200
- Family: \$120 Benefactor: \$550

Customize it:

- +1: \$30 +2: \$60 +3: \$90
- Extra Card: \$5 each
- Theatre Show Punch Card: \$80
- Donate to a Family in Need: \$120

ARE YOU GIVING A GIFT MEMBERSHIP?

If this is a gift, please complete this section with your information and list the recipient's membership information in the area above.

Purchaser's Information:

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Primary Phone _____

Email _____

Desired membership start date:

- Immediate Other _____

Send membership card to:

- Me Recipient

Send renewal notices to:

- Me Recipient

**CHILDREN'S MUSEUM & THEATRE OF MAINE
ADDITIONAL INFORMATION**

Please list children included in membership

Child #1: DOB (MM/DD/YY) _____

First & Last Name _____

Child #2: DOB (MM/DD/YY) _____

First & Last Name _____

Child #3: DOB (MM/DD/YY) _____

First & Last Name _____

Child #4: DOB (MM/DD/YY) _____

First & Last Name _____

Child #5: DOB (MM/DD/YY) _____

First & Last Name _____

Child #6: DOB (MM/DD/YY) _____

First & Last Name _____

Child #7: DOB (MM/DD/YY) _____

First & Last Name _____

Child #8: DOB (MM/DD/YY) _____

First & Last Name _____

For internal use:

TOTAL DUE: \$ _____

- Cash Check # _____ Gift Card
- Credit Card

Cardholder Name _____

Card # _____

Expiration _____ Sec. Code _____

LOCATN	INITIALS	DATE	NEW EXP. DATE	IN ALTRU?	CARD ISSUED?



Children's Museum & Theatre of Maine
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