



Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

_____	<input type="checkbox"/> Child	<input type="checkbox"/> Adult	DoB	/	/
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Adult	DoB	/	/
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Adult	DoB	/	/
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Adult	DoB	/	/
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Adult	DoB	/	/

- Level One – \$50 Level One Plus – \$60 Level Two – \$75
- Level Two G – \$75 Level Three – \$100 Level Four – \$150

Name for your membership card: _____

Add an adult for \$15? Name: _____
(Must have name, cannot rotate, cannot add adult to Level One Plus)

(Required for gift memberships only)

Recipient's Name _____ Start Date _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Pals package: Send to me Send to recipient

Gift Message (Optional) _____

Cash Check (Payable to Grand Rapids Children's Museum)

Credit Card N^o (visa/matercard only) _____ Exp. Date _____ CVV# _____

Signature _____

CA CH CC \$ _____ # _____ # _____

AC/CH # _____ Staff _____ Exp. _____

New Renewal Level _____

