



# MEMBERSHIP FORM

Please print and complete this form. Return it along with your payment to the Museum by mail (220 E. Ann St., Ann Arbor, MI 48104), fax (734.995.1188), phone (734.995.5439) or in person. Please make checks payable to the Ann Arbor Hands-On Museum. To print this page, use the "Print" command in your browser. This command is located in the "File" menu of most browsers.

## MEMBERSHIP LEVEL\* COST

**FAMILY**  \$75 FOR 1 YEAR  \$140 FOR 2 YEARS - ADMITS IMMEDIATE FAMILY\*

**INDIVIDUAL**  \$50 FOR 1 YEAR  \$90 FOR 2 YEARS - ADMITS ONE NAMED PERSON

\* Immediate family includes parents, their children under 18 years of age and one set of grandparents per visit. One caregiver may be added for a \$10 fee, payable at the Museum or by phone with a Visa or MasterCard. Any changes to the caregiver status are also subject to a \$10 fee. The Ann Arbor Hands-On Museum is a 501(c)3 organization. Membership is tax deductible to the full extent permitted by law.

\* Membership is non-transferable and non-refundable.

Adult Name \_\_\_\_\_

2nd Adult Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

# of People in Family (parents+kids) \_\_\_\_\_ YES! I Want FREE Special Offers and Updates via Email \_\_\_\_\_

Memberships make **GREAT GIFTS!** You can give the gift of membership by providing the information below.

## GIFT MEMBERSHIP FROM: (send gift materials to me gift recipient)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Payment Amount \_\_\_\_\_ VISA/MC Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

I have included an additional donation of \$ \_\_\_\_\_ to the Ann Arbor Hands-On Museum