6/2/2009

Passport Membership Application

For Office Use Only

Membership # _____

Expiration Date _____

Date:_____

Passport Type: Select One

___ Discovery ($95.00) ___ Saturday ($60.00)

___ Reciprocal ($125.00) ___ Summer Fun ($60.00) ___ Corporate

Passport/ Gift Recipient /Information
Please PRINT all information.

Last Name: _____ First Name: _____

Spouse Name: _____

Address: _____

City_____ State_____ Zip Code_____

Email Address: _____

(Email addresses are for museum use only. They will not be sold and/or distributed to third parties.)

Home Phone Number: _____ Work Phone Number:_____

Number of persons living in home: _____

Please read carefully before signing application.

_____ Passport holders will be required to show their Passport and valid ID upon entering the Museum
_____ Passport benefits do not apply to Summer and Saturday passports
_____ Passports are valid for registered card holders only
_____ Guests of Passport members will need to arrive and leave at the same time as the Passport member
_____ In order to receive a birthday party discount on a reciprocal passport, the reciprocal passport must be purchased at the Children's Museum of South Carolina

*****MEMBERSHIP PASSPORTS CANNOT BE USED FOR ADMISSION WITH FIELDTRIPS OR BIRTHDAY PARTIES.**

By signing this application, I agree to the benefits and restrictions that apply to my passport membership purchase.

_____ _____
Passport Applicant Signature Date

CMSC Staff Initials: _____ Date Received: _____