



<i>For Office Use Only</i>
Membership # _____
Expiration Date _____

Caregiver Membership Application

Date: _____

Passport/ Gift Recipient /Information
Please PRINT all information.

Last Name: _____ Caregiver First Name: _____

Household 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.)

Phone Number: _____ Alternate Phone Number: _____

Please read carefully before signing application.

_____ Caregiver will be required to show their Passport and valid ID upon entering the Museum.
(Identification **MUST** have matching address that is listed on the membership card issued.)

_____ Caregiver Membership will admit children on the Primary Membership **ONLY**. Other
children/grandchildren not on primary membership will receive \$3.00 off admission.

_____ Guests of Passport members will need to arrive and leave at the same time as the cardholder.

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

CHILD 1: _____ Birth Date: _____

CHILD 2: _____ Birth Date: _____

CHILD 3: _____ Birth Date: _____

CHILD 4: _____ Birth Date: _____

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: _____