



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

### Passport Membership Application

Date: \_\_\_\_\_

**Passport Type: Select One**

- Family (\$85.00)   
  Saturday (\$55.00)   
  Gift of Play (\$200.00)  
 Family Plus (\$120.00)   
  Summer Fun (\$55.00)   
  CMSC Supporter (\$350.00)

**Passport/ Gift Recipient /Information**  
**Please PRINT all information.**

Last Name: \_\_\_\_\_ First Names: \_\_\_\_\_

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.**

- \_\_\_\_\_ Passport holders 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.)
- \_\_\_\_\_ Passport may only be used by registered cardholders
- \_\_\_\_\_ 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: \_\_\_\_\_