

NEW

RENEWAL

(Office Only) EXPIRES _____



Bucks County Children's Museum Membership Application

Please complete form and send check made to the Bucks County Children's Museum, 500 Union Square, New Hope, PA 18938.

\$90 Bring 4 Member **\$ 120 Bring 6 Member** **\$140 Reciprocal Member**

Date _____

Primary Adult _____

Secondary Adult _____

Additional Named Adult (\$15) _____

Membership Household Information:

Street Address _____

Town/City, State _____

Zip Code _____

Contact Phone Number _____

Email _____

I have read and accept the membership terms and conditions

-----Reciprocal Memberships Only-----

I have received my \$25 parking card *(Reciprocal Memberships Only)*

Please initial _____ *(Mail orders must pick up card and initial in person)*

Membership will not be processed unless terms and conditions are accepted.