



MEMBERSHIP INFORMATION

Include this form with payment to enjoy your membership at the expERIENCE Children's Museum. We look forward to seeing you soon.

Make check payable to ECM and mail to:
expERIENCE Children's Museum
420 French Street, Erie, PA 16507

One-Year Membership Categories *please select one*

- Family expERIENCE \$65** – Includes free admission for 2 named adults sharing a home and their children (under 18 years old) living at home, plus five guest admissions. Must present card for free admission.
- Grandparent expERIENCE \$60** – Includes free admission for 2 named grandparents sharing a home and their grandchildren (under 18 years old), plus five guest admissions. Must present card for free admission.
- Single Parent expERIENCE \$55** – Includes free admission for 1 named adult and his/her child/ren (under 18 years old), plus 5 guest admissions. Must present card for free admission.
- Single Grandparent expERIENCE \$50** – Includes free admission for 1 named grandparent and all his/her grandchildren (under 18 years old), plus 5 guest admissions. Must present card for free admission.
- Explorer expERIENCE Plus \$130** – Includes free admission for 2 named adults sharing a home and their children (under 18 years old), five guest admissions, PLUS admission to over 150 participating reciprocal Museums of the Association of Children's Museums. (guest passes are only good at the expERIENCE Children's Museum)
- Group expERIENCE \$150** – Includes free admission for 3 adults and up to 12 children. This membership is geared towards businesses and groups such as scouts, daycares, special needs service providers, PTO's, PTA's and churches. Must present card for free admission.
- Caregiver Add On \$10** – Add one additional adult who provides child care services for you for an additional \$10.

*If you are a group or business purchasing any of the above memberships, the maximum number of free admissions per card/per visit is 2 adults and 6 children. Any additional adults or children will be charged the group rate of \$3.00 each.

**Requests for additional or replacement cards will be subject to a \$5 fee.

Membership Form *please print*

Adult #1 Mr. Mrs. Ms. Atty. Dr. _____ First name _____ Last name _____

Adult #2 Mr. Mrs. Ms. Atty. Dr. _____ First name _____ Last name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Today's Date _____

Child #1 _____ Birth date _____ Child #2 _____ Birth date _____

Child #3 _____ Birth date _____ Child #4 _____ Birth date _____

Child #5 _____ Birth Date _____ Child #6 _____ Birth date _____

Payment: Mastercard Visa Discover Check by mail

Card # _____ Expiration date _____ CVV2 three digit code on back of card _____

Amount of Membership \$ _____

Optional Donation \$ _____

Caregiver Add On \$ _____

TOTAL AMOUNT \$ _____