

# HCM Membership Registration Form

\_\_\_\_\_ Support Membership - \$50                      \_\_\_\_\_ Donor Membership\* - \$150  
\_\_\_\_\_ Grandparent Membership - \$55                      \_\_\_\_\_ Sponsor Membership\* - \$250  
\_\_\_\_\_ Family Membership - \$85                      \_\_\_\_\_ Corporate Membership\* - \$500  
\_\_\_\_\_ Reciprocal Membership\* - \$100

\*includes ACM reciprocal membership.

\_\_\_\_\_  
Parent/Guardian Names (**Please indicate male/female with each name**)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City/County of

\_\_\_\_\_  
Email (Notification of HCM Events only):

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

\_\_\_\_\_  
Skills/Interests to Share:

**Child Name (First/Last)**

**Gender**

**Birthdate**

Child Name (First/Last)	Gender	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_ Check to receive notice of HCM events for homeschoolers.

Mail this form and your check payable to HCM to:  
Harrisonburg Children's Museum, P.O. Box 957, Harrisonburg, VA 22803

**Your new membership card will be mailed to you.**

The Harrisonburg Children's Museum (HCM) works hard to ensure the safety of each child. Parents and caregivers must be present with their children at all exhibit locations. HCM is not responsible for accidents or injuries. Members assume

<b>Date Rec'd:</b> _____	<b>BY</b> _____	<b>Member Number:</b> _____
<b>NEW:</b> ___	<b>EXP:</b> _____	<b>RENEW:</b> ___ Previous Exp: _____ New Exp: _____
<b>Payment:</b> Cash ___	Check # _____	CC ___ Gift Cert. _____
<b>Membership Cards:</b> Given _____	To Be Mailed (attach) _____	Date Mailed _____
<b>GP:</b> Renewal Month (give 2) ___	Donor(3) ___	Sponsor (6) ___ Corporate (20) ___
<b>Reciprocal:</b> sticker on card _____		
<b>EXCEL:</b> _____	<b>OUTCOMETRACKER:</b> _____	<b>EMAIL DATABASE:</b> _____