

Membership/Gift Membership Application

New Renewal *Gift membership Upgrade

*All gift memberships/renewals will be sent to the recipient unless otherwise noted
(Please print clearly and do not abbreviate)

Name _____

Address _____

City, State, Zip _____

Telephone _____

E-mail _____

List names, ages and relationships of all family members who will be participating in the Museum Membership:

Name	Birth date	Relationship
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Gift from: Name(s) _____

Address _____

City, State, Zip Code _____

Telephone () _____

Membership categories (please check one)

___ \$60 Inventor ___ 2 yr Discounted Inventor for \$105

___ \$120 Discoverer ___ 2 yr Discounted Discoverer for \$205

___ \$150 Grandparent ___ 2 yr Discounted Grandparent for \$255

___ \$170 Adventurer ___ 2 yr Discounted Adventurer for \$290

___ \$325 Explorer ___ 2 yr Discounted Explorer for \$550

___ \$500 Patron

___ \$1,000 Benefactor

* ___ Additional members: ___ # at \$30 each per year.

___ One additional card at \$10

Teachers receive \$10 discount on LICM Membership packages

\$ _____ We want to make an additional contribution to LICM.

\$ _____ Total amount of payment

Payment Method: Cash Check Visa MasterCard AmEx
(Make checks payable to Long Island Children's Museum)

Credit Card: _____

Exp. Date: _____

Signature: _____

The tax-deductible portion of your membership may be eligible for a matching gift donation from your company. Please ask your Human Resource department for more information.

Office use:

Date: _____ Processed by: _____

Notes: _____