

ORPHEUM CHILDREN'S SCIENCE MUSEUM
Membership Schedule

Membership Type	Cost	Description	Benefits
Child Membership*	\$20	Covers one named child	Base benefits of: ✓ Free admission for one year ✓ Newsletter subscription ✓ Advance notice of events ✓ 10% discount in the gift shop ✓ Discounts on summer camps and classes ✓ Access to birthday parties
Family Membership ***Limited Time Offer good through December 31, 2007	\$40	Covers up to two adults and four children	
Sponsor Membership	\$40	Covers one adult and one sponsored child	
Family Plus Membership	\$60	Covers up to four adults and six children <ul style="list-style-type: none"> ▪ Parents or legal guardians ▪ Grandparents ▪ Caregivers ▪ Children in household 	
Super Family Membership	\$100 (increasing to \$125 in 2008)	Coves up to four adults and six children <ul style="list-style-type: none"> ▪ Parents or legal guardians ▪ Grandparents ▪ Caregivers ▪ Children in household 	
Supporting Membership	\$250	Covers up to four adults and six children <ul style="list-style-type: none"> ▪ Parents or legal guardians ▪ Grandparents ▪ Caregivers ▪ Children in household 	Base benefits above plus: ✓ Free admission to other museums** ✓ Five guest passes ✓ \$25 off one camp or party

* Child must be accompanied by a paying adult (or member)

** Limitations apply based on the specific museum. Call Orpheum Children's Science Museum for details or check online at:

<http://www.childrensmuseums.org/visit/reciprocal.htm>

<http://www.astc.org/members/passlist.htm>

*****Limited Time Offer good through December 31, 2007. Renew or become a member at any level (excluding Child Membership) and introduce a friend or family member to the museum. Buy one Family Membership at half price (\$20) when you renew or become a member at any level above child membership.**

**Where Science Takes Center Stage, The Orpheum Children's Science Museum
Membership Application**

Mail to 346 N. Neil St., Champaign, IL 61820 or email to orpheumkids@gmail.com

Call 217 352-5895 with questions or to complete by phone. Cards take approximately 10 business day to process.

Complete this and mail with check or charge information, or email at an attachment with charge information.

Please check one of the following membership levels:

Child \$20 Family \$40 Sponsor \$40 Family Plus \$60 Super Family \$100 Supporting \$250

Also: Lifetime Child \$5000 Lifetime Family \$10,000

Are you a: New Member Renewing Member (previous card number if known) _____

List the names from your household that should be covered by this membership. Please print and indicate the primary card members. If a card is for a caregiver please code with **CG**

Adults(s) 1. _____
2. _____
3. _____
4. _____

Please print and include child's last name.

Children: 1. _____ Birthdate _____
2. _____ Birthdate _____
3. _____ Birthdate _____
4. _____ Birthdate _____
5. _____ Birthdate _____
6. _____ Birthdate _____

Contact Information. Memberships will be recorded into the database under the primary member's names and their address. If two cards are required, please provide the second address.

Street address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ ***Email:** _____

Contact me about: Volunteer work Committee work

***Email:** We won't share your email information with anyone, but if you would like for us to send you event information through email we will if you wish. Yes, please send event information electronically.

No, only use my email for confirmations

I'm not providing my email, but please mail event information

Payment Method: MasterCard VISA Check (please do not send cash)

Credit card number: _____ Expiration date _____ Security pin _____
Security pin is the three digit number on the back of your card. Call if you have questions.

Name on card _____ Signature _____ Date _____

Office use: DB ltr Date _____ Staff _____ Member # _____