



# Grandparent Membership

## \$120/year

Please Print All Information

Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Is this a new mailing address? \_\_\_\_\_ Would you like to receive e-updates from us? \_\_\_\_\_

We would like to receive the Museum Newsletters by: \_\_\_\_\_ e-mail or \_\_\_\_\_ postal service

Is this a renewal? \_\_\_\_\_ Is this a gift membership? \_\_\_\_\_ (see back)

### Member Information

Please print names, circle **M**ale or **F**emale, mark date of birth (mm/dd/yy) and indicate child's current grade

Grandparent 1: \_\_\_\_\_

Grandparent 2: \_\_\_\_\_

Grandchild: \_\_\_\_\_ M or F Date of Birth \_\_\_\_\_ Grade Level: \_\_\_\_\_

Grandchild: \_\_\_\_\_ M or F Date of Birth \_\_\_\_\_ Grade Level: \_\_\_\_\_

Grandchild: \_\_\_\_\_ M or F Date of Birth \_\_\_\_\_ Grade Level: \_\_\_\_\_

Grandchild: \_\_\_\_\_ M or F Date of Birth \_\_\_\_\_ Grade Level: \_\_\_\_\_

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Please mail checks & form to: Children's Discovery Museum 101 E. Beaufort St. Normal, IL 61761

# Grandparent Membership Benefits

- Unlimited admission for grandparents and their grandchildren for family visits to our museum. (Passes are not valid for field trip visits or birthday party admission.)
- 10% discount in the Discover More! Store
- Discount on CDM birthday parties and programs
- Subscription to Museum Newsletter
- Plus one free guest admission with each visit to Children's Discovery Museum, Normal IL
- ACM Reciprocal membership & ASTC Passport Program. (Offers you free admission to over 400 other participating children's museums and science centers across the country. **Restrictions apply at some Museums.**)
- Passes are non-transferable

**Children's  
Discovery  
museum**



101 E. Beaufort St., Normal, IL 61761  
(309) 433-3444  
[www.childrensdiscoverymuseum.net](http://www.childrensdiscoverymuseum.net)

## This Museum Membership is a Gift From:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please mail membership cards/gift certificate directly to me

Please mail membership cards/gift certificate to the family listed on front of form