



550 Cascade Mall Drive  
Burlington, WA 98233  
(360) 757-8888 / Fax 757-8829  
scm@cnw.com  
www.skagitchildrensmuseum.net

## Membership Form

Today's Date: \_\_\_\_\_ Membership # \_\_\_\_\_  
Renewal New

Membership Type: \_\_\_\_\_ Salmon Family Membership \$60  
\_\_\_\_\_ Bear Cub Family Membership \$100  
\_\_\_\_\_ Eagle Family Membership \$250  
\_\_\_\_\_ Childcare Membership \$90  
\_\_\_\_\_ Corporate Membership \$500 - \$5000

Primary Adult Name(s): \_\_\_\_\_

Adult Names(Who would regularly bring the child/ren): \_\_\_\_\_

Children's Names: \_\_\_\_\_

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

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

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

Telephone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Newsletter Preference: \_\_\_\_\_ USPO \_\_\_\_\_ Email \_\_\_\_\_ Both

Payment Method: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ Master Card

Check here if you would like to donate your **Guest Passes to the Scholarship Fund** \_\_\_\_\_

Gift Membership From: \_\_\_\_\_

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

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

**IMPORTANT**- Send Membership Packet to: \_\_\_\_\_ Purchaser \_\_\_\_\_ Recipient