



Library Membership Application

Contact Info

Library Name _____

Street Address _____

City _____ State _____ Zipcode _____

Preferred Contact for Renewal Notices

Name _____ Email Address _____

Preferred Contact for E-Coupons (Coupons will be delivered to this e-mail address.)

Name _____

Email _____ Direct Phone _____

Membership Category

- Full Membership - All open days for 12 months - \$725
- Half Membership - All open days for 6 months - \$375
- Western MA Membership (Berkshire & Hampden counties only)
- All open Saturdays & Sundays for 12 months - \$250

Name of Online Reservation System (if applicable) _____

Contact Name _____

Contact Email _____ Contact Phone _____

(BCM Electronic coupons work with most online reservation systems. We are happy to work with your vendor to ensure smooth operations.)

**Please return this form with your payment to:
Membership Office, Boston Children's Museum, 308 Congress Street, Boston MA 02210**

**If you have questions, please contact the Membership Office:
(617) 426-6500 x354 or Membership@BostonChildrensMuseum.org**