

children's MUSEUM of the lowcountry

Thank you for your interest in our Museum!

If your family would like to request a Warm Welcome One-Year Membership from the Children's Museum of the Lowcountry, please fill out this form and return it to:

Kayla Sewell
25 Ann Street, Charleston, SC 29403
OR submit this form via fax (843.352.6162, attn: Kayla Sewell)
or email (kayla@exploreCML.org)

Name: _____

Address: _____

Names of Two Listed Adults: _____

Names of Children in the Household (please include first and last names): _____

Phone: _____ Email: _____

How did you hear about this program? _____

*Please include a copy of your EBT/SNAP card or FREE/Reduced Price School Meals Letter.

