

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:

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

Name: _____

Address: _____

Names of Two Listed Adults in Household (please include relationship): _____

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

Phone: _____ Email: _____

How did you hear about this program? _____

Date of Application: _____

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

