



For Office Use Only:
Date: _____
VSA: _____

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 to front desk or:

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)

Adult # 1 ^{Mr. Ms.} _{Mrs. Dr.} _____

Relationship to child _____

Adult # 2 ^{Mr. Ms.} _{Mrs. Dr.} _____

Relationship to child _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Children's Full Name(s):

Date of Birth (mm/dd/yy):

How did you hear about this program? _____

Proof of eligibility* (please check one): WIC Card EBT/SNAP Card FREE/Reduced Price School Meals Letter

\$9.50 annual membership fee (due upon approval)

* The \$9.50 membership fee provides a 90% savings off the cost of an annual \$95 Family membership.

children's
MUSEUM
of the lowcountry

