



The Children's Museum of the Brazos Valley Membership Form

- Basic Membership: \$50 for first member
- Friend Membership: \$100 for four members
- Additional Members: \$5 per person

Personal Information

The _____ Family
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____
 email: _____

Member's Information

Name: _____ Birthday: ____/____/____
 Name: _____ Birthday: ____/____/____
 Name: _____ Birthday: ____/____/____
 Name: _____ Birthday: ____/____/____
 Name: _____ Birthday: ____/____/____
 Name: _____ Birthday: ____/____/____

Help Us Grow

I would like to support the CMBV with my tax-deductible contribution of:

- \$25.00 \$50.00 Other: \$____.____

Mail-In Information

Please make checks payable to:
The Children's Museum of the Brazos Valley

Return with payment to:
111 E. 27th Street
Bryan, Texas 77803

Total Amount Enclosed

\$ _____.

Staff Use Only:

Membership Type:

- Basic New
 Friend Renewal

Sold On: _____

Payment Type:

- Charge Check
 Cash Gift Certificate

Received By: _____

Distribution:

Card Exp. Date: _____

Entered in Computer: _____

Card Sent