Membership Application

Please complete the form below, print it, and mail it back **with your check made payable to BRONZEVILLE CHILDREN'S MUSEUM**

9301 South Stony Island Avenue
Chicago, Illinois 60617

1. Choose Membership Category: (Check One)

☐ **New** ☐ **Renewal**

2. Choose Membership Teir (Check One):

☐ **Family $60** ☐ **Sponsor $500-900**

☐ **Patron $200-$500** ☐ **Benefactor $1000+**

3. Indicate how you would like your name to appear on your membership card

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

If this is a gift membership, please fill out information below

RECIPIENTS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____