

# *MuseumKids* Membership Application

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Membership ID # \_\_\_\_\_

Name/Ages of the Children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## ***MuseumKids* Benefits**

- Personalized membership card
- A special gift for joining
- Semi-annual *MuseumKids* club newsletter
- Invitations to *MuseumKids* club events
- Birthday Card

**Please Return This Form To:**  
**The Newark Museum**  
**Attn: Membership Department**  
**49 Washington Street**  
**Newark, NJ 07102**

**Web Application**