



Library Membership Application

Contact Info

Library Name

Street Address

City

State

Zipcode

Preferred Contact for Renewal Notices

Name

Email Address

Preferred Contact for E-Coupons (Coupons will be delivered to this e-mail address.)

Name

Email

Direct Phone

Membership Category

- Full Membership - All open days for 12 months - \$700
- Half Membership - All open days for 6 months - \$350
- Western MA Membership (Berkshire & Hampden counties only)
- All open Saturdays & Sundays for 12 months - \$250

Name of Online Reservation System (if applicable)

Contact Name

Contact Email

Contact Phone

(BCM Electronic coupons work with most online reservation systems. We are happy to work with your vendor to ensure smooth operations.)

**Please return this form with your payment to:
Membership Office, Boston Children's Museum, 308 Congress Street, Boston MA 02210**

**If you have questions, please contact the Membership Office:
(617) 426-6500 x354 or Membership@BostonChildrensMuseum.org**