



# Hotel Membership

## Application Form

Today's Date: \_\_\_\_\_

Membership is:  New  Renewal

Basic Hotel Membership \$250

Elite Hotel Membership \$1000

Standard Hotel Membership \$500

Deluxe Hotel Membership \$2500

\_\_\_\_\_  
Hotel Name

\_\_\_\_\_  
# of Employees

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Business Address

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

\_\_\_\_\_  
Business Phone

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

Yes, I would like to make an additional gift of: \$\_\_\_\_\_

Make checks payable to: Mid-Hudson Children's Museum

We accept Visa, Mastercard and Discover

\_\_\_\_\_  
Card #

\_\_\_\_\_  
Exp. date MM/YYYY 3 digit security code

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Signature

Completed forms and payment can be mailed to:

Mid-Hudson Children's Museum

75 North Water St.

Poughkeepsie, NY 12601

*Thank you for your support!*