



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!