



HOTEL MEMBERSHIP Application Form

Membership is: New Renewal

Today's Date ___/___/___

Elite Hotel Membership \$1,000

First Class Hotel Membership \$500

Business 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, Discover and American Express.

Card #

Exp. date MM/YYYY

3 or 4 digit CSC#

Name as it appears on card

Signature

Please mail forms and payment to:

Mid-Hudson Children's Museum
75 North Water Street
Poughkeepsie, NY 12601

***Thank you
for your support!***

Fax: (845) 471-0415 or email: info@mhcm.org