



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 - \$700
- Half Membership - 7 days a week for 6 months - \$350
- Half Membership - 3 days a week for 12 months - \$350
- Western MA Membership (Berkshire & Hampden counties only) - 2 days a week 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**