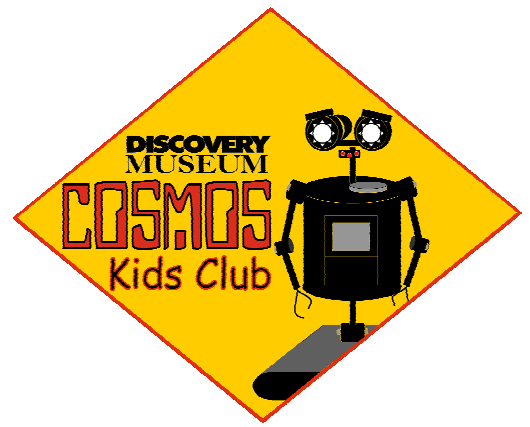


# Join Today!

Discovery Museum Cosmos Kids Club



*Please print clearly.*

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Kid's Name**

1: \_\_\_\_\_

Birthday: \_\_\_\_\_ Email address: \_\_\_\_\_

**Kid's Name**

2: \_\_\_\_\_

Birthday: \_\_\_\_\_ Email address: \_\_\_\_\_

**Kid's Name**

3: \_\_\_\_\_

Birthday: \_\_\_\_\_ Email address: \_\_\_\_\_

**Kid's Name**

4: \_\_\_\_\_

Birthday: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_ **COSMOS KIDS CLUB** (\$25 per Non-member child) \_\_\_\_\_

*# of memberships*

(\$20 per member child) \_\_\_\_\_

Shipping: \_\_\_\_\_ \$2.00

Total: \_\_\_\_\_

Enclosed is my check payable to the Discovery Museum Science & Space Center.

Please charge to my:  Visa  MasterCard  Discover  American Express

Account number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail this form with your payment to:**

**Membership Services**

**Discovery Museum Science & Space Center**

**3615 Auburn Blvd.**

**Sacramento, CA 95821**

**916.808.3942**

By enrolling my kids in the COSMOS KIDS CLUB, I give permission for the Discovery Museum Science & Space Center to contact my child in an appropriate manner, with limited frequency. I also give permission for my child to be photographed for inclusion in museum promotional materials. This information will neither be sold nor shared with other parties.