

# amazement square membership sign-up form!



New /  Renewal /  Gift Membership

Fantastic Square /  Terrific Teacher Square  
 Admit up to 3 /  Admit 4+ /  ACM Reciprocal

Amazing Square /  Summer Square

## Information

Adult 1 \_\_\_\_\_  
prefix first name last name

Adult 2 \_\_\_\_\_  
prefix first name last name

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Children's Names

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
first name last name  Male  Female

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
first name last name  Male  Female

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
first name last name  Male  Female

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
first name last name  Male  Female

**Would you like a Square Add-on?**  Yes  No

Name \_\_\_\_\_  
 Parent /  Nanny/Babysitter /  Grandparent /  Other \_\_\_\_\_

Name \_\_\_\_\_  
 Parent /  Nanny/Babysitter /  Grandparent /  Other \_\_\_\_\_

Name \_\_\_\_\_  
 Parent /  Nanny/Babysitter /  Grandparent /  Other \_\_\_\_\_

**Payment**  Cash /  Check /  Credit Card (Visa/MasterCard)

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Please make check payable to  
**Amazement Square**  
27 Ninth Street  
Lynchburg, VA 24504

<b>Museum Staff Use Only</b>
Initials _____
Date _____
Payment # _____
Total Paid \$ _____

*Non-transferable, non-refundable, and may not be applied to group visits.*