

First-Time Parent Membership* Application

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PRINT NEATLY AND CLEARLY. Membership may be delayed if unreadable. INDIVIDUALS MUST BE NAMED TO RECEIVE BENEFITS

L FIELDS ARE REQUIRED FOR MEMBERSHIP TO BE	DATE//					
PRIMARY ADULT MEMBER must be the parent or	guardian of child listed below					
FIRST NAME	LAST NAME					
MAILING ADDRESS						
CITY	STATE	ZIP				
DAYTIME PHONE	EMAIL ADDRESS					
RELATIONSHIP TO CHILD						
SECOND ADULT MEMBER						
FIRST NAME	LAST NAME					
MAILING ADDRESS If different than primary adult member						
CITYSTATE	ZIP					
DAYTIME PHONE If different than primary adult member	EMAIL ADDRESS If different than	EMAIL ADDRESS If different than primary adult member				
RELATIONSHIP TO CHILD	RELATIONSHIP TO PRIMARY AD	ULT				
CHILD MEMBER(S) If you have multiples (e.g. to	wins, triplets), list all names sepa	arated by a comma				
FIRST NAME	LAST NAME					
BIRTHDAY///						
information you provide is used for WonderLab's int lition of this FREE membership, your email will be a						
u would like to make a donation to help support this p	rogram, please indicate the amount he	ere:				
nent Method: 🗆 Check or money order. Check number		FOR OFFICE LISE ONLY				
ash only accepted in person at the museum.	FOR OFFICE USE ONLY					
sa 🗆 Mastercard 🗅 Discover 🗀 AMEX						
number	EXPIRATION DATE 18 MOS. FROM CHILD DOB					
ration date / / Secur	rity Code					

Mail or bring this form to **WonderLab**, **308 W 4th St.**, **Bloomington IN 47404**. Membership: 812-3371337 ext 15 membership@wonderlab.org

*This is a pilot program. Details are subject to change.

EMAIL NOTIFICATION SENT

VS INITIALS 1/2020