



ELLA SHARP
MUSEUM
OF ART AND HISTORY

Class Registration & Membership Form

Register Early - Classes Fill Quickly

3225 Fourth Street Jackson, MI 49203
(517) 787-2320, Fax(517) 787-2933

FOR OFFICE USE
/ / T C R

Hours: M-F 10:00-4:00, Sat. & Sun 11:00-4:00

ADULT/PARENT		CHECK ONE (Application Below) <input type="checkbox"/> RENEWAL	DATE
		<input type="checkbox"/> MEMBER <input type="checkbox"/> NON MEMBER <input type="checkbox"/> NEW MEMBER	CELL PHONE ()
EMERGENCY CONTACT		PHONE ()	HOME PHONE ()
ADDRESS (STREET, CITY, ZIP)			WORK PHONE ()
HOW DID YOU HEAR ABOUT US?		I AM A MEMBER AND PREFER TO RECEIVE THE CLASS SCHEDULE VIA E-MAIL. E-MAIL ADDRESS:	

STUDENT REGISTRATION - COMPLETE ENROLLMENT INFORMATION FOR EACH STUDENT

NAME	AGE, IF UNDER 18	GRADE IN SCHOOL IN THE FALL	SCHOOL
COURSE NAME			TUITION \$
NAME	AGE, IF UNDER 18	GRADE IN SCHOOL IN THE FALL	SCHOOL
COURSE NAME			TUITION \$
NAME	AGE, IF UNDER 18	GRADE IN SCHOOL IN THE FALL	SCHOOL
COURSE NAME			TUITION \$

MEMBERSHIP APPLICATION

NEW MEMBERS CAN TAKE IMMEDIATE ADVANTAGE OF THE MEMBERS REDUCED TUITION RATES!

Individual \$35 (\$65 / 2 yrs) Dual \$45 (\$80 / 2 yrs) Grandparents \$50 (\$90 / 2 yrs) Family \$60 (\$110 / 2 yrs)
 Sustainer \$125 (\$190 / 2 yrs) Investor \$200 (\$380 / 2 yrs) Benefactor \$500 (\$900 / 2 yrs) Steward \$1000 (\$1800 / 2 yrs)

NAME (S) AS YOU WISH IT TO APPEAR ON MEMBERSHIP CARD(S):
 Mr. Mrs. Miss Other

PARTNER/SPOUSE (IF APPLICABLE):
 Mr. Mrs. Miss Other

CHILD'S NAME 1.	CHILD'S NAME 2.	CHILD'S NAME 3.	CHILD'S NAME 4.
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PAYMENT: Cash Check (payable to Ella Sharp Museum) Check # Check Date

M/C VISA Discover AMEX CARD # _____

EXPIRATION DATE	LAST 3 DIGITS ON BACK OF CARD	SIGNATURE X	TOTAL \$
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Photo Release:
I give my permission for the Ella Sharp Museum to use photographs of my child(ren) _____ in their publications .

Signature (parent or guardian) X _____ Date _____