

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. 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, if different () | 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. |
|--------------------|--------------------|--------------------|--------------------|

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 \$ |
|-----------------|-------------------------------|----------------|-----------------|

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 _____