



Yes, I want to Be a *Discovery Club* member!

Name _____

Male/Female _____ Date of birth _____

Additional children

Name _____

Male/Female _____ Date of birth _____

Name _____

Male/Female _____ Date of birth _____

Name _____

Male/Female _____ Date of birth _____

Address _____

City/Town _____

Telephone _____

Email address _____

Name of caregiver/parent _____

Annual membership (please tick)

- | | |
|--|---|
| <input type="checkbox"/> Individual member \$15 | <input type="checkbox"/> Two children \$25 |
| <input type="checkbox"/> Three children \$35 | <input type="checkbox"/> Four or more children \$45 |
| <input type="checkbox"/> Accompanying Adult Pass
@ \$10 per adult | Total \$ _____ |

Please attach a cheque for the appropriate amount payable to Canterbury Museum and post to Canterbury Museum, Rolleston Avenue, Christchurch or pay directly at *Discovery*.

Office use only:

Pack given/posted

Membership number

Date joined