



**Membership Form**  
**THE CHILDREN'S PLAYHOUSE**  
 400 Tracy Circle, Boone, North Carolina, 28607.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_ Number of Children: \_\_\_\_\_

E-mail Address (for newsletters and special announcements only): \_\_\_\_\_

<i>Child's First Name</i>	<i>Child's Last Name</i>	<i>Birth Date</i>

Other Adults: \_\_\_\_\_

**Family Membership** – Includes unlimited free admission; subscription to the newsletter; discounts on workshops, special programs, and birthday parties. **One Year**  
\$100

**Playhouse Passport**—All the benefits listed above, plus free admission to over **150 children's museum nationwide.** **One Year**  
\$125

The following demographic information is optional and kept confidential. It will be used for internal study and in aggregate for grant purposes.

- 1) What is your annual household income?
  - a. Less than \$20,000
  - b. \$20,001 - \$40,000
  - c. \$40,001 - \$60,000
  - d. \$60,001 - \$80,000
  - e. \$80,001 - \$100,000
  - f. More than \$100,000
- 2) How would you classify your ethnicity?
  - a. Caucasian/White
  - b. African-American/Black
  - c. Hispanic/Latino
  - d. Asian/Asian-American
  - e. Other (please specify): \_\_\_\_\_
- 3) Please circle the highest level of education completed in your household:
  - f. Did not finish High School
  - g. Completed High School or equivalent
  - h. Some college
- i. Associate's degree
- j. Bachelor's degree
- k. Master's degree
- l. Ph.D.
- m. Other (please specify): \_\_\_\_\_
- 4) How many people, including children, live in your household? Please specify: \_\_\_\_\_
- 5) What the ages of those children living with you?  
\_\_\_\_\_
- 6) Do any of your children have identified special needs?  
\_\_\_\_\_ If yes, please specify:  
\_\_\_\_\_

<b>For Playhouse Use Only</b>	
Membership Number: _____	Issued By: _____
Paid via: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Scholarship Fund <input type="checkbox"/> Credit Card Online <input type="checkbox"/> Gift Membership (purchase date: _____)	
Date Issued: _____	Expiration Date: _____