



GLESSNER
HOUSE
MUSEUM

JUNIOR MEMBER APPLICATION

Recommended for children ages 3 to 13

CHILD INFORMATION

Name 1: _____ Birth date: _____

Name 2: _____ Birth date: _____

Name 3: _____ Birth date: _____

Name 4: _____ Birth date: _____

For additional children, please write names and birth dates on the reverse side of the form.

PARENT/GUARDIAN INFORMATION

Name(s): _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

MEMBERSHIP INFORMATION

of Children _____ x \$5.00/child = Amount Enclosed \$ _____

PAYMENT INFORMATION

_____ My check for \$ _____ made payable to Glessner House Museum is enclosed.

_____ Please charge \$ _____ to my credit card. (American Express, Visa, MasterCard, Discover)

Account: _____ Expiration date: _____

V-code (3 digits): _____ Signature: _____

Please mail this form and payment to:

Glessner House Museum, 1800 S. Prairie Avenue, Chicago, IL 60616

or fax to 312.326.1397