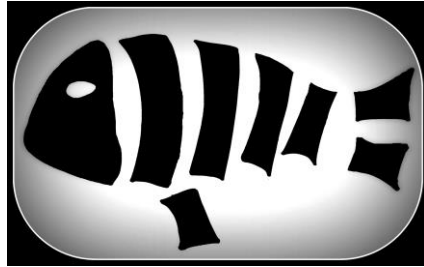


# AGE OF FISHES MUSEUM LITTLE FOSSILS KIDS CLUB



2021 Season

**FREE** Membership Form

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Parent or Guardians Name: \_\_\_\_\_

Parent or Guardians Postal Address: (for reference only-  
will not be used for marketing purposes)

\_\_\_\_\_

\_\_\_\_\_