

**JOHN F. KENNEDY**  
PRESIDENTIAL LIBRARY AND MUSEUM

**MUSEUM PASS PROGRAM  
ENROLLMENT AND AGREEMENT FORM**

Dear Public Library Trustees/Director/Librarian/Coordinator:

The following is the terms of agreement for your partnership in the John F. Kennedy Presidential Library and Museum's Museum Pass Program. All of the terms of this program are agreed upon by your signature, and any and all terms are subject to changes during the course of the enrollment year.

The cost to participate in the John F. Kennedy Presidential Library and Museum's Museum Pass Program is **\$250.00 per year** (one full year from start of enrollment date or renewal of enrollment date). The expiration date of your enrollment in the Museum Pass Program will be \_\_\_\_\_ [to be completed by JFK Library].

Payment of your enrollment fee in the John F. Kennedy Presidential Library and Museum's Museum Pass Program can be made by check from your organization (personal checks not accepted), or by major credit card. For payment by credit card, please be sure to include the full card number, the expiration date, and the full name of the cardholder. For safety and security, you may also call us at 617-514-1589 with your credit card information.

Each participating library will be granted 724 discounted admissions, or 2 discounted admissions per day which the Kennedy Presidential Library and Museum is open (362 total), with a co-pay of \$3 for each admission. Children 12 and under are admitted free of charge. Participating libraries may issue up to 8 admissions daily, divided as they see fit.

This option is meant to allow participating libraries flexibility, but please note that once a library has used 724 admissions before the end of an enrollment period, continued uses will not be permitted until a new enrollment has been purchased. The Kennedy Presidential Library will reach out to participating libraries which have used 362 admissions, announcing the half-way milestone so that the library can budget future passes as needed.

By completing and signing this form below, you are accepting and agreeing to the terms of this enrollment form.

**PUBLIC LIBRARY NAME:** \_\_\_\_\_

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP CODE \_\_\_\_\_

**CONTACT INFORMATION**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**PAYMENT METHOD:**

CHECK

(ENCLOSED)

CREDIT CARD (INFORMATION BELOW)

**CREDIT CARD DETAILS**

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_