

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 evidence of 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 (no personal checks, please), or by major credit card (MasterCard, VISA, Discover, or American Express). 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 public library or branch of a public library will receive with their enrollment in the John F. Kennedy Presidential Library and Museum's Museum Pass Program two passes per day (Sunday – Saturday), each one good for one adult general admission to the Museum at the John F. Kennedy Presidential Library with a co-pay of **\$3 for each pass**. Each pass may also be used for senior admission to the Museum. The co-pay rate for seniors is **\$3 each**. Admission for Children 12 and under is free of charge.

In the event of lost or missing passes, each public library agrees to contact us immediately for a replacement pass. The first replacement pass is free. An additional fee of **\$10.00** will apply for replacement of any additional passes beyond the first replacement. 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 _____