

Plot 7, Wilson Avenue, Jinja. P.O. Box 558, Jinja Email: vcam@nissirephidimcare.org Website: www.nissirephidimcare.org Cell: +256 751 326 494/ +256 783 856 775 Rissi Rephidim Care Nissi Rephidim Care **O** VipawaKids

Member	rship Form
Family Membership (2 Adults, Up to 4 Children) UGX 150,000	Individual Membership (Adult) UGX 80,000
Student Membership (ages 3 - 18) UGX 50,000	Institution Membership (Up to 30 Persons) UGX 200,000
I/ We wish to give a Gift Membership of UGX	<u> </u>
Adult Members (Please Print Legibly)	
Name of Adult #1	
Name of Adult #2	П
Additional Adult (Valid for " Add a Member" only Child Members (Family Memberships: all children mu	Caregiver Y/N ust live in same household)
Name of Child #1 Age	Name of Child #2 Age
Name of Child #3 Age	Name of Child #4 Age
Contact Information	☐ Check if information has changed
Address	
City Stat	re Zip
Phone * Your membership is effective on the date of purchase. You may vis materials will be ready in 5-7 Business Days. You must present you	
Museum Rules.	
• Have Fun!	• Please do not throw or hit anyone with exhibit pieces.
• Listen to the museum staff.	•Always walk, never run indoors.
• Children under age 14 must be accompanied by an a	
 Absolutely no food or drink inside the museum. Possonomial of the properties of the properties of the properties. 	
	the right to use certain exhibit pieces or asked to leave.
 We promote families playing together, maximise the 	
I understand and agree to the rules listed above. Repeatermination of my museum membership.	ated violation of the above rules may result in the
Signature	Date
For Offi	ice Use Only
Select: ☐ New ☐ Renew ☐ Upgrade Amount Paid:	Select: □ Held at Desk □ Mailed Expiration Date:

We love to see smiling faces of our guests, we occasionally take photos and video of our guests for promotional purposes. If you do not want us to use photos of you/ your children, please notify photographer.