

ACCESS FAMILY MEMBERSHIP

An Access Family Membership is a \$15 yearlong membership for families receiving some form of public income-related assistance. This membership includes free, unlimited museum admission for 2 named adults, 5 named children, and 1 named caregiver (nanny, grandparent, etc.).

BENEFITS OF MEMBERSHIP

- Unlimited admission for one year
- Member-only hours: 9-10 a.m. on Saturdays and the first Thursday of each month from 5-7 p.m.
- 10% discount on all purchases at the Play Central Toys & Books, the museum gift shop
- 20% discount on programming and birthday parties
- Subscription to the museum e-newsletter
- Two one-time use guest passes for family and friends
- Access to exclusive member events

INSTRUCTIONS TO APPLY

To apply, please complete both sides of this application AND submit a copy of one of the following eligibility or coverage notification letters with current dates (within the last year):

- Children's Health Insurance Plan (CHIP), Medicaid
- Free/Reduced School Lunch, Head Start, SNAP and/or WIC vouchers with date on them
- Low Income Energy Assistance, Temporary Assistance for Needy Families (TANF)
- Foster Home Certification

Adult Last Name: _____ First Name: _____ M/F

Mailing Address: _____

City, State, Zip: _____

Email:* _____ Phone: _____

*By providing your email address, you are signing up to receive our E-Newsletter, membership renewal notices, and class/event reminders.

Second Adult Last Name: _____ First Name: _____ M/F

Child Name: _____ M/F Date of Birth ___/___/___

Child Name: _____ M/F Date of Birth ___/___/___

Child Name: _____ M/F Date of Birth ___/___/___

Child Name: _____ M/F Date of Birth ___/___/___

Child Name: _____ M/F Date of Birth ___/___/___

Caregiver Last Name: _____ First Name: _____ M/F

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HOUSEHOLD INFORMATION

Are there other circumstances that make access to the Children's Museum difficult for your family?

Yearly household income: \$ _____

Are your children in a free or reduced-priced lunch program? _____

Are you a foster family? _____ Total # of foster children: _____

How did you hear about the Family Access Membership?

The Children's Museum of South Dakota requires presentation of my Membership Card or I.D. for verification purposes prior to my receipt of member benefits, such as free admission or discounts. The Museum also requires a minimum of a 1:5 adult to child ratio for all guests. Children under the age of 16 must be accompanied by an adult.

Each Access Family Membership can have up to 2 named adults, 5 named children, and 1 named caregiver (nanny, grandparent, etc.). I understand that I may only have one caregiver on the membership at any given time. If I wish to change that caregiver, I will need to pay the caregiver fee (\$1) to make that change and the previous caregiver will be removed from my membership. All caregivers must be at least 16 years of age. Memberships are non-refundable and non-transferable.

Signed: _____ Date: ____/____/____

SEND COMPLETED APPLICATION

Once your application is completed AND you have made a copy it may be dropped off during regular museum hours, emailed to access@prairieplay.org, or mailed to:

Access Family Membership
Children's Museum of South Dakota
521 4th St
Brookings, SD 57006

DO NOT SEND ORIGINAL DOCUMENTS. Documents will not be returned.

Please allow 2-3 weeks for processing. If your membership is approved, you will receive a confirmation letter of your membership status. The \$15 membership fee is due upon your first visit to the Museum. The yearlong membership will be activated upon your first visit.

FOR OFFICE USE:

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|--|---|
| <input type="checkbox"/> APPLICATION RECEIVED ____/____/____ | <input type="checkbox"/> LETTER SENT/COPY ATTACHED TO APPLICATION |
| <input type="checkbox"/> PROOF OF PUBLIC INCOME-RELATED ASSISTANCE | <input type="checkbox"/> MEMBER PAID ____/____/____ |
| <input type="checkbox"/> APPROVED AND ENTERED | <input type="checkbox"/> CARDS PRINTED AND SENT ____/____/____ |

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