

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 and five named children, in a single household, and 1 named caregiver (nanny, grandparent, etc.).

BENEFITS OF MEMBERSHIP

- Unlimited admission for one year
- Member-only hour: 9-10 am on Saturdays
- 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

Please complete both sides of this application AND show a copy of one of the following eligibility or coverage notification letters with current dates (within the last year); or other proof of assistance (must include the name of someone on the membership)

- 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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QUALIFICATION INFORMATION

*This information is used to verify qualifications and for potential grant request purposes in aggregate form, and all information in his section is required.

1. Please mark any and all programs that someone in your household currently participates in to qualify you for this membership.

- | | |
|---|--|
| <input type="radio"/> Children's Health Insurance Plan (CHIP) | <input type="radio"/> Low Income Energy Assistance |
| <input type="radio"/> Medicaid | <input type="radio"/> Temporary Assistance for Needy Families (TANF) |
| <input type="radio"/> Free/Reduced School Lunch Program | <input type="radio"/> Foster Care Provider; Total number of foster children: _____ |
| <input type="radio"/> Head Start | <input type="radio"/> Other (Please specify): _____ |
| <input type="radio"/> Supplemental Nutrition Assistance Program (SNAP) | _____ |
| <input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | |

2. What is your annual household income?

(This is for informational purposes only. It does not affect your eligibility for financial assistance.)

- | | | | |
|--|--|--|---|
| <input type="radio"/> \$0 to \$14,999 | <input type="radio"/> \$20,000 to \$35,999 | <input type="radio"/> \$52,000 to \$65,999 | <input type="radio"/> More than \$100,000 |
| <input type="radio"/> \$15,000 to \$19,999 | <input type="radio"/> \$36,000 to \$51,999 | <input type="radio"/> \$66,000 to \$99,999 | |

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

4. 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: ____/____/____

BRING COMPLETED APPLICATION

Once your application is completed bring it and your dated documentation during regular museum hours:

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

You will make the \$15 payment at the time, and the yearlong membership will be activated upon that date.

FOR OFFICE USE:

APPLICATION RECEIVED ____/____/____

PROOF OF PUBLIC INCOME-RELATED ASSISTANCE

ENTERED

CARDS PRINTED AND SENT ____/____/____

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