

ACCESS DISCOUNT MEMBERSHIP PROGRAM



The ACCESS program, made possible with support from the La Crosse Community Foundation, provides reduced-cost (\$3 per person for one full year) memberships to economically disadvantaged families.

Membership includes:

- Subscription to on-line newsletter with event calendar
- Discount on birthday parties and some programs/special events
- Admission for one full year for named individuals in your household (no substitutions)
- \$1 off regular admission for guests
- 10% discount in gift shop

NOTE: Memberships cannot be used for field trip admission.

Are You Eligible? If so, follow steps below.

You are eligible if you participate in a public financial assistance program such as WIC, MN Family Investment Program, Head Start, Free or reduced school lunch, Foodshare/Quest, or FSP Family Support Program (not all applicable programs listed - please ask if you are uncertain if you qualify).

You are also be eligible if you do not participate in any financial assistance programs but meet the federal poverty guidelines (see <https://aspe.hhs.gov/poverty-guidelines>).

If you do not receive public assistance or meet federal poverty guidelines but have a financial need, please contact us to inquire about other options.

If eligible for a new membership or renewing an expired membership, complete all these steps:

- Read application & complete all sections on back of this form, including listing all individuals being submitted as members and signature confirming that all information is true and correct.
- Include photocopy (no originals) documenting participation in public assistance program or photocopy of most recent tax form
- Include payment (please make check or money order payable to CMLC) totaling \$3 per listed person over 12 months old.
- Return application, required documentation and payment to: Children's Museum of La Crosse, 207 5th Ave S, La Crosse, WI 54601

When you present all required information and payment of \$3 per member, your one-year membership will be activated immediately. If you submit your information via mail, please wait 7-10 days for activation. Once activated, to enjoy your membership admission for one year, just check in at our admissions desk under adult first and last name. You may occasionally be asked for identification. You will receive a renewal notice when your membership is about to expire. A new form, documentation and payment will be required for renewal.

Questions? Contact the Museum at 608-784-2652 or hannah@funmuseum.org

<p>DESK STAFF: Staff Initials _____ Member # _____</p> <p><input type="checkbox"/> Form complete <input type="checkbox"/> Payment received <input type="checkbox"/> Documentation attached or noted</p> <p>Notes: _____</p>	<p>TO PROCESS:</p> <p>* Enter as \$3 per person ACCESS membership level and manually enter the \$ amount equal to \$3 x # of individuals on application and included in payment (system will default to max of \$39). Should match membership fee total above.</p> <p>* Fill out all fields in Versai as normal & put completed application w/document in Hannah's Folder</p>
<p>MANAGEMENT STAFF:</p> <p>Staff Name _____</p> <p><input type="checkbox"/> Required documentation included and reviewed</p> <p><input type="checkbox"/> Approved (If mailed, member notified on (date)_____ by <input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> mail</p> <p><input type="checkbox"/> Not Approved because _____</p> <p>Follow-up with applicant ___/___/___ per/msg/dis ___/___/___ per/msg/dis ___/___/___ per/msg/dis</p> <p>Sales # _____ Date _____ Attendance # _____ Date _____</p>	

CHILDREN'S MUSEUM OF LA CROSSE ACCESS MEMBERSHIP PROGRAM

Today's date ___ / ___ / _____

ADULTS (Names of up to 2 adults living in the household)

First name _____ Last Name _____

First name _____ Last Name _____

CHILDREN (Names and birthdates of children living in the household - attach separate page if needed)

First name	Last Name	Birth date
_____	_____	___ / ___ / _____
_____	_____	___ / ___ / _____
_____	_____	___ / ___ / _____
_____	_____	___ / ___ / _____
_____	_____	___ / ___ / _____
_____	_____	___ / ___ / _____

CONTACT INFORMATION:

Address _____ # _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

MEMBERSHIP FEE :

of people, over 12 months old, listed above _____ x \$3 each = \$ _____ total enclosed *

Please attach copy of public assistance documentation to the back of this form.

I verify that this application has been completed accurately and that requested documentation and payment are enclosed:

Signature _____ Date ___ / ___ / _____

* Payment and required documentation MUST accompany *new and renewal* applications for immediate use.

Is an organization or other individual paying for this membership?

If so please complete this section (if not, leave blank)

Provide contact information for organization (or individual) providing payment.

Name _____ Organization _____

Address _____ # _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Payment enclosed Payment coming from organization