

ACCESS DISCOUNT MEMBERSHIP PROGRAM



The ACCESS program, made possible with support from the La Crosse Community Foundation and other donors, provides reduced-cost (\$4 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 or free guest admission)
- \$2 off regular admission for guests
- 10% discount in gift shop

NOTE: Memberships cannot be used for field trip admission.

Are You Eligible?

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 most recent tax form
- Include payment totaling \$4 per listed person over 12 months old. (please make check or money order payable to CMLC)
- 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 \$4 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. A new form, documentation and payment will be required for renewal.

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

DESK STAFF: Staff Initials _____ Member # _____

Form complete Payment received Documentation Provided (Circle Below)

WIC Head Start Foodshare Quest EBT Forward Health/Badgercare

Other (Please describe): _____

Notes:

If mailed, member notified on (date) _____ by phone email mail

TO PROCESS:

* Enter as ACCESS membership level and manually enter the \$ amount equal to \$4 x # of individuals on application and included in payment (system will default to max of \$40). Should match membership fee total.

* Fill out all fields in Versai as normal

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 (required with application):

of people, over 12 months old, listed above _____ x \$4 each = \$ _____ total enclosed *

If mailing, please attach copy of public assistance documentation to this form.

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

Signature _____ Date ___ / ___ / _____

*** Payment and required documentation MUST accompany applications.**

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