

**AGREEMENT:**

- I will check in at the Museum admissions desk at each visit using my first & last name. Staff may occasionally ask to verify address/other contact information or for an ID.
- I understand that one adult (age 16+) is required per five children and are expected to supervise children at all times and in all locations of the museum.
- I understand that memberships are non-refundable and non-transferable.
- I understand that my membership is valid for previously listed members that live in the same household only. Any guests attending will receive \$1 off regular admission.

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

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Is an organization or other individual paying for this membership?  
If so please complete this section with information of org/person providing payment**

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Payment enclosed  Payment coming from organization

**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 \$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.



**Discounted Memberships for economically disadvantaged families**

**ACCESS Membership**



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:**

- Admission for one full year for named individuals in your household (no substitutions or free guest admission)
- \$1 off regular admission for guests
- Discount on birthday parties and some programs/special events\*
- 10% discount in gift shop

*\*Memberships cannot be used for field trip admission. Some years the museum receives scholarship funds for qualifying families to attend camps and other museum programs. Please ask about availability when registering.*

**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 the application and return with payment and documentation to:**

**Children's Museum of La Crosse**  
**207 5th Ave S**  
**La Crosse, WI 54601**

**Questions?** Contact the Museum at 608-784-2652 or [Jenny@funmuseum.org](mailto:Jenny@funmuseum.org)

# ACCESS MEMBERSHIP APPLICATION

**\*\* PLEASE PRINT CLEARLY \*\***

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

New Member  Renewal

**MEMBER NAMES (all must be from the same household):**

Adult #1 \_\_\_\_\_

Adult #2 \_\_\_\_\_

Child #1 \_\_\_\_\_

Child #2 \_\_\_\_\_

Child #3 \_\_\_\_\_

Child #4 \_\_\_\_\_

Child #5 \_\_\_\_\_

Child #6 \_\_\_\_\_

**Birthdate(s):**

\_\_\_ / \_\_\_ / \_\_\_

\_\_\_ / \_\_\_ / \_\_\_

\_\_\_ / \_\_\_ / \_\_\_

\_\_\_ / \_\_\_ / \_\_\_

\_\_\_ / \_\_\_ / \_\_\_

\_\_\_ / \_\_\_ / \_\_\_

*Attach sheet with additional names if necessary*

**CONTACT INFORMATION:**

Address \_\_\_\_\_

City , State, Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

*By providing an email you will receive event announcements and newsletters from the Museum. We will not sell or give out e-mail addresses.*

**MEMBERSHIP FEE:**

# of people, over 12 months old, listed above \_\_\_\_\_ x \$3 each = \$\_\_\_\_\_

*Is an organization or other individual paying for this membership? If yes, please complete their information on the backside of this form.*

**DOCUMENTATION:**

Please present appropriate documentation proving participation in a public financial assistance program to desk staff. If mailing, please attach copy of documentation to this form.

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

**OTHER SIDE**