

ACCESS DISCOUNT MEMBERSHIP PROGRAM



The ACCESS program, made possible with support from the La Crosse Community Foundation and other donors, provides reduced-cost (\$3 per person –per visit) memberships to economically disadvantaged families.

Membership includes:

- \$3 Admission per person-per visit for one full year for named individuals in your household (no substitutions or free guest admission)
- Discount on birthday parties and some programs/special events
- 10% discount in gift shop
- \$2 off regular admission for guests

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:

- Please note this program has changed, membership requires documentation once per membership period with payment of \$3 per person PER VISIT.**
- 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
- Return application, required documentation to: Children’s Museum of La Crosse, 207 5th Ave S, La Crosse, WI 54601

When you present all required information your one-year membership will be activated. 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, each visiting member will pay \$3 at each visit. You may occasionally be asked for identification. A new form, documentation and payment will be required for renewal. All documentation MUST have matching name and address to members on account.

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)
<input type="radio"/> WIC <input type="radio"/> Head Start <input type="radio"/> Foodshare <input type="radio"/> Quest <input type="radio"/> EBT <input type="radio"/> Forward Health/Badgercare		
<input type="radio"/> 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 \$3 x # of individuals on application and included in payment (system will default to \$3.00). 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)

**Please note: Names are NOT INTERCHANGABLE during membership year.*

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

CONTACT INFORMATION:

Address _____ # _____

City _____ State _____

Zip _____

Phone (_____) _____

Email _____

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