**Six Month CMI Membership Scholarship**

**FOSTER Membership EBT Membership EBT/FOSTER Membership**

**1**

The Membership Scholarship costs **$35.00 for one adult and one child residing in the same household. A $10.00 charge will be added for any additional members residing in the same household (maximum of 6).** Please keep in mind that you can not add your biological children to a Foster membership. If you have Foster and EBT then you can do EBT for bio children and foster for your foster children on the same membership.

A copy of the following eligibility coverage notification letters with date, current address and name is required at time of purchase.

Accepted documents include:

* Food Stamp Coverage Letter from Idaho Department of Health & Welfare and valid EBT Snap card ***(EBT Snap cards alone do not qualify).***
* Foster Parent Certification Letter from Idaho Department of Health & Welfare with case workers name and contact

**Primary Account Holder:**

Mailing Address: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: Zip: Phone: ( ) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Email: Birthdate\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Members residing in same household:**

**Adult**  **Child** **Foster** *(please check one)* ***NAME******BIRTHDATE***

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**Membership Agreement: Please read and initial all, and then sign at the bottom.**

I will supervise my children at all times, NO EXCEPTIONS.

I will ensure my child plays safely with exhibits and other by not running, hitting, throwing etc.

I will encourage and assist my children to clean up within an exhibit before moving to another area.

I will accompany my children to the restroom AT ALL TIMES, NO EXCEPTIONS.

I understand that CMI reserves the right to revoke my membership at any time due to misconduct or failure to follow the membership terms.

I understand that planetarium shows are not included in the membership.

I understand that memberships are NON-REFUNDABLE AND NON-TRANSFERABLE.

I understand that CMI is NOT responsible for lost or stolen items.

How did you hear about the Children’s Museum of Idaho? (please check all that apply)

Friend/Family

Website

Hotel

Instagram

Walking/Driving By

Television

Radio

Facebook

Advertisement

Other: please describe

**OFFICE USE ONLY**

CMI Membership Scholarship verification method used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Verified by (Staff Name)

Payment:

Cash

Check

Credit Card

Total Amount Paid $ Date

Membership verification (check all that apply):

EBT SNAP card

EBT verification letter with date and name from Idaho Dept of Health and Welfare

Foster Family verification letter with date, name and case workers name and contact from Idaho Dept of Health and Welfare

Member info entered into Versai

Notes