

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 ALWAYS accompany my children to the restroom, 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.)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Website | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | <input type="checkbox"/> Walking/Driving By |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Television | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Other: please _____
describe | | |

OFFICE USE ONLY

CMI Membership Scholarship verification method used _____

Verified by (Staff Name) _____ Date _____

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 _____