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☐ **EBT/FOSTER Membership**

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:

[illegible]

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 included in the membership, but need to ask for tickets.
- _____ 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 |
| ☐ Facebook | ☐ Instagram | ☐ Walking/Driving By |
| ☐ Advertisement | ☐ Television | ☐ Radio |
| ☐ Other: please _____ | | |
- describe

OFFICE USE ONLY

CMI Membership Scholarship Membership # _____ Expire date _____

Verified by (Staff Name) _____ Date _____

Payment:

- | | | | |
|--------------------------------------|------------------|------------|-------------------|
| ☐ Cash | Renewed by _____ | Date _____ | Expire date _____ |
| ☐ Check | | | |
| ☐ Credit Card | | | |

Total Amount Paid \$ _____ Date _____ Renewed amount \$ _____

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 _____