



## Six Month CMI Membership Scholarship

- 1 ☐ New Membership ☐ Returning Membership

The CMI 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). A copy of one 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

- 2 Primary Account Holder: \_\_\_\_\_

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

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

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

### Members residing in same household:

\*To add additional members, use back of form

Adult Child (please check one)

- |                          |                          |            |                              |
|--------------------------|--------------------------|------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Name _____ | Birthdate ____ / ____ / ____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Name _____ | Birthdate ____ / ____ / ____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Name _____ | Birthdate ____ / ____ / ____ |

- 3 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.

*I have read and agree to follow the membership terms as stated above.*

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

Printed Name \_\_\_\_\_



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### 4 Household Information:

Are you a foster family? ☐ YES ☐ NO

If yes, how many foster children are in your household at this time? \_\_\_\_\_

Does your child(ren) qualify for Free Lunch Program ☐ YES ☐ NO

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 _____ |                                     |   |

Additional Members residing in same household: *There will be an additional charge of \$10 for each additional member.*

**Adult** **Child** (please check one)

- |                          |                                     |                              |
|--------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> Name _____ | Birthdate ____ / ____ / ____ |
| <input type="checkbox"/> | <input type="checkbox"/> Name _____ | Birthdate ____ / ____ / ____ |
| <input type="checkbox"/> | <input type="checkbox"/> Name _____ | Birthdate ____ / ____ / ____ |

### 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 \_\_\_\_\_