



DISCOVERY FOR ALL MEMBERSHIP APPLICATION

Discovery for All Memberships are available to families that experience barriers to accessing the museum. The *Discovery for All* Scholarship Membership covers one year of unlimited admission for up to two named adults and all children 18 years and younger living in one household, plus one unnamed caregiver pass. *Discovery for All* programs are made possible through the support of generous individuals and grants.

PLEASE PRINT CLEARLY- ALL FIELDS REQUIRED- fill out both sides of application

PAY WHAT YOU'RE ABLE

If you are able to make a contribution to cover a portion of your membership (valued at over \$150) expense, it helps the Children's Museum serve more families. Please indicate which of the following works best for you:

- \$25 \$15 \$10 \$5 Other amount

_____ Card Type: Visa Mastercard American Express Discover
Full Name (as it appears on card)

_____ Credit Card Number Expiration Date Security Code Billing Zip Code

MEMBER INFORMATION:

_____ Adult #1 _____ Adult #2

_____ Address (Can you receive mail at this address? yes no) City State Zip Code

_____ Email _____ Phone Number

1) _____ 4) _____
Child Name Date of Birth (mm/yy) Child Name Date of Birth (mm/yy)

2) _____ 5) _____
Child Name Date of Birth (mm/yy) Child Name Date of Birth (mm/yy)

3) _____ 6) _____
Child Name Date of Birth (mm/yy) Child Name Date of Birth (mm/yy)

DISCOVERY FOR ALL ELIGIBILITY:

1) Please check and present proof of participation of at least one of the following services or programs your family has participated in within the past year.

- EBT (Electronics Benefits Transfer)
- WIC (Women, Infants and Children)
- Foster Care
- Applying through an approved agency

Agency or Head Start Site Name: _____

2) # of persons in your Household: _____

- 3) Annual Household Income: \$0-\$19,999
 \$20,000-\$29,000
 \$30,000-\$39,999
 \$40,000-\$49,999
 \$50,000-\$59,000
 \$60,000-\$69,000

MEMBERSHIP CARDS: Membership cards are available in both a digital format and (2) physical cards are issued for each membership. Physical membership cards may be replaced for a fee.

I decline physical membership cards (digital cards only will be sent to the primary email address listed).

APPLICATION CONTINUES ON NEXT PAGE

APPLICATION CONTINUED

SHARE YOUR STORY: One of the most valuable ways to help us sustain funding support for this program is to pass along stories or feedback shared by Discovery for All member families to donors and grant funders. Please take a moment to tell us how you believe participating at the Duluth Children’s Museum will be of value to your family:

DISCLAIMER: I hereby release, waive, and discharge any and all claims or demands against – and covenant not to sue – the Museum, its directors, officers, and employees (“releases”) for injury or death, damage to property whether caused by the negligence of releases or otherwise, that arises or results from the use of facilities, services, or programs of the Museum.

By signing below, I understand that memberships are non-refundable and non-transferable. If I have purchased a membership that is still active, I will not be refunded for any membership if awarded a scholarship (scholarships will be added to the end of purchased membership expiration dates for an additional year). I understand that this application does not guarantee a membership at the Duluth Children’s Museum. I will be notified of a successful application via email (if I’ve selected to decline physical membership cards) or by a letter sent to my physical address.

PHOTO RELEASE: Your entrance into the Museum indicates your consent for us to use photographs of you and your child for educational and promotional purposes. It is your responsibility to inform staff upon each visit if you do not wish to be photographed.

Signed: _____ Date: _____

To complete your application:

Bring your completed form to our Welcome desk or submit via email to: explore@playduluth.org or mail to 2125 W Superior St, Duluth, MN 55806. Remember to include proof of participation copies of EBT, WIC, free/reduced lunch or foster care with your application. Please do not send originals. Applications will be processed within 3-4 weeks. Limited memberships are available. We invite you to reapply annually.

THANK YOU FOR APPLYING TO THE DULUTH CHILDREN’S MUSEUM’S DISCOVERY FOR ALL PROGRAM!

FOR DISTRIBUTING AGENCIES:

Families applying through an approved distributing agency will not have to provide proof of participation in EBT, WIC, free/reduced lunch or foster care. Applicants must fill out all fields.

Distributing Agency (If Headstart please provide site name): _____

Agent Signature: _____

Print Name: _____

Email: _____ Phone: _____

**Distributing agents will be emailed at the above listed email after memberships have been processed for pick-up.

*Signature of this document signifies the household you have distributed this to is enrolled in your program to the best of your knowledge, and should qualify for this scholarship.

FOR OFFICE USE ONLY

Date Received _____ DCM Initials _____ Date Entered into Altru _____ DCM Initials _____
Proof of Enrollment Donation Processed (attach receipt) Date Mailed _____ DCM Initials _____