

All Play Membership Enrollment Form

FREE for Qualifying Families

Minnesota Children's Museum's mission is to spark children's learning through play. Play is one of the most powerful ways that adults and children learn. Become an active *All Play* member and make play a family priority.

Membership benefits include:

- Free admission for 12 months for up to two adults and all children in the household
- Special *All Play* member events and sneak peaks
- Discounts on programs, seasonal events and museum birthday parties

Minnesota Children's Museum is grateful for the generous support of many individuals and corporations that make this program possible.

All Play memberships eligibility is based on household size and income. Please use the chart below to determine if your family qualifies.

All Play Income Guidelines

Household size	Household Income
2 people	\$21,398 per year \$1,783 per month
3 people	\$27,014 per year \$2,251 per month
4 people	\$32,630 per year \$2,719 per month
5 people	\$38,246 per year \$3,187 per month
6 people	\$43,862 per year \$3,655 per month
7 people	\$49,478 per year \$4,123 per month
8 people	\$55,094 per year \$4,591 per month

Source: *Federal Register*/Vol. 83, No. 12/Thursday, January 18, 2018/Notices
Minnesota Children's Museum raises the maximum income level 30% over the Federal Register guidelines. For families with more than 8 persons, add \$5,616 per year, per person or \$468 per month, per person.

Required:

Number of family members _____ Annual income \$ _____

Signature _____

All Play memberships are valid for 30 days, subject to proof of income approval. Upon approval, All Play membership will be valid for one year. We invite you to re-apply annually upon expiration. You will be notified only if you do NOT qualify, otherwise please pick up your membership cards at the box office during your next visit.

New member Renewal Member # _____

The membership will list up to two adults in the household

First Name _____ Last Name _____

First Name _____ Last Name _____

Number of children under age 18 in the household: _____

Name _____ Birthdate ____/____/____

Name _____ Birthdate ____/____/____

Name _____ Birthdate ____/____/____

Name _____ Birthdate ____/____/____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____

Mobile Phone (_____) _____

I agree to receive member information via text messages.

Email Address _____

An **optional donation** in any amount will help offset membership costs. \$ _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Credit card #

_____|_____|_____|_____|

Exp. date

If contacted, I would be willing to talk about my experiences at Minnesota Children's Museum.

You must **provide one** of the following proofs of income.

- Federal or Minnesota tax return, **OR**
- Assistance grant for the last three months.

Mail or fax this completed form and proof of income to:

Minnesota Children's Museum – Membership Department
10 W. 7th St., St. Paul, MN 55102
Fax: 651-225-6006

Please do not send original documents. You can also bring in the form and proof of income on your next museum visit. If you have questions or need help filling out the form, please contact us at 651-225-6000.

Office use only

Proof of Income:

Forms EBT Other Staff Initials _____

Confidential Survey

All Play memberships are made possible through generous support from donors. To ensure continued funding for this vital community program, please complete this confidential survey. The answers to the following questions are for statistical and program purposes and assist us in communicating with our donors.

Thank you for becoming a member of Minnesota Children's Museum.

1. What is your zip code? _____

2. Is anyone in your household of Hispanic, Latino or Spanish origin?

Please select all that apply for each person in your household.

	Adult 1	Adult 2	Child 1	Child 2	Child 3	Child 4	Child 5
No, not of Hispanic, Latino or Spanish origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, Mexican, Mexican American, Chicano	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, Puerto Rican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, Cuban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, another Hispanic, Latino or Spanish origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) _____							

3. What are the races or origins of the people in your household?

Please select all that apply for each person in your household.

	Adult 1	Adult 2	Child 1	Child 2	Child 3	Child 4	Child 5
Caucasian/White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
African-American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethiopian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liberian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somali	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other African-American/Black	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dakota	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ojibwa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Native American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian Indian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chinese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Filipino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hmong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Korean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lao	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vietnamese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Asian-American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) _____							

4. What are the ages of the people in your household?

	Adult 1	Adult 2	Child 1	Child 2	Child 3	Child 4	Child 5
Age of person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Which of the following ranges includes your total yearly household income, before taxes?

Under \$25,000
 \$25,000 - 49,999
 \$50,000 - 74,999
 \$75,000 - 99,999
 \$100,000 or more

6. What is the highest level of education the adults in your household have completed?

	Adult 1	Adult 2
Not a high school graduate/no degree	<input type="radio"/>	<input type="radio"/>
High school diploma/GED	<input type="radio"/>	<input type="radio"/>
Associate's degree	<input type="radio"/>	<input type="radio"/>
Technical school degree	<input type="radio"/>	<input type="radio"/>
Bachelor's degree	<input type="radio"/>	<input type="radio"/>
Master's degree	<input type="radio"/>	<input type="radio"/>
Ph.D.	<input type="radio"/>	<input type="radio"/>



For office use only
