Minnesota Children's Museum

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 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	$21,983 per year $1,832 per month
3 people	$27,729 per year $2,311 per month
4 people	$33,475 per year $2,790 per month
5 people	$39,221 per year $3,268 per month
6 people	$44,967 per year $3,747 per month
7 people	$50,713 per year $4,226 per month
8 people	$56,459 per year $4,705 per month

Source: *Federal Register*/Vol. 84, No. 22/Friday, February 1, 2019/Notices
Minnesota Children's Museum raises the maximum income level 30% over the Federal Register guidelines. For families with more than 8 persons, add $5,746 per year, per person or $479 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. $ _____

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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	◯	◯	◯	◯	◯	◯	◯
Yes, Mexican, Mexican American, Chicano	◯	◯	◯	◯	◯	◯	◯
Yes, Puerto Rican	◯	◯	◯	◯	◯	◯	◯
Yes, Cuban	◯	◯	◯	◯	◯	◯	◯
Yes, another Hispanic, Latino or Spanish origin	◯	◯	◯	◯	◯	◯	◯
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	◯	◯	◯	◯	◯	◯	◯
African-American	◯	◯	◯	◯	◯	◯	◯
Ethiopian	◯	◯	◯	◯	◯	◯	◯
Liberian	◯	◯	◯	◯	◯	◯	◯
Somali	◯	◯	◯	◯	◯	◯	◯
Other African-American/Black	◯	◯	◯	◯	◯	◯	◯
Dakota	◯	◯	◯	◯	◯	◯	◯
Ojibwa	◯	◯	◯	◯	◯	◯	◯
Other Native American	◯	◯	◯	◯	◯	◯	◯
Asian Indian	◯	◯	◯	◯	◯	◯	◯
Chinese	◯	◯	◯	◯	◯	◯	◯
Filipino	◯	◯	◯	◯	◯	◯	◯
Hmong	◯	◯	◯	◯	◯	◯	◯
Karen	◯	◯	◯	◯	◯	◯	◯
Korean	◯	◯	◯	◯	◯	◯	◯
Lao	◯	◯	◯	◯	◯	◯	◯
Vietnamese	◯	◯	◯	◯	◯	◯	◯
Other Asian-American	◯	◯	◯	◯	◯	◯	◯
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							

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	◯	◯
High school diploma/GED	◯	◯
Associate's degree	◯	◯
Technical school degree	◯	◯
Bachelor's degree	◯	◯
Master's degree	◯	◯
Ph.D.	◯	◯

7. Are you currently participating in any community-based organizations/programs in Minnesota? (Ex: ECFE, Head Start, Home-visiting, etc.)
If yes, please name the district and program here.

_____

_____

Minnesota Children's Museum

For office use only

_____ _____ _____