



ACCESS FOR ALL MEMBERSHIP APPLICATION

TO APPLY, PLEASE PROVIDE PROOF THAT YOU QUALIFY FOR ONE OF THE FOLLOWING PROGRAMS (ONLY DOCUMENTS WITH CURRENT DATES WILL BE ACCEPTED). PLEASE DO NOT SEND ORIGINALS.

QUALIFYING PROGRAMS:

- Food Stamps, EBT / CAIFresh Program / Supplemental Nutrition Assistance Program (SNAP)
- Women Infants and Children (WIC)

Mail or drop-off completed application and payment of \$40 to:

Membership, The New Children's Museum, 200 West Island Avenue, San Diego, CA 92101.

Access For All Memberships are valid for up to four members. Please provide member information below. You will be notified in 1-2 weeks if you are accepted.

Name of Primary Member: _____

Mailing Address: _____

City, Zip: _____

Phone: _____

Email: _____

Name of Member #2: _____

Birthdate (if child): _____

Relationship (parent, caregiver, etc.): _____

Name of Member #3: _____

Birthdate(ifchild): _____

Relationship (parent, caregiver, etc.): _____

Name of Member #4: _____

Birthdate(ifchild): _____

Relationship (parent, caregiver, etc.): _____

Name of Member #5: _____

Birthdate (if child): _____

Relationship (parent, caregiver, etc.): _____

Name of Member #6: _____

Birthdate (if child): _____

Relationship (parent, caregiver, etc.): _____

PLEASE INCLUDE YOUR \$40 PAYMENT

Check Visa Mastercard AMEX Money Order

(CHECKS PAYABLE TO THE NEW CHILDREN'S MUSEUM)

For credit card purchases:

Card # _____

Name on Card _____

Expiration Date _____

CVV# _____