



Gilbert House
Children's Museum

Gilbert House Children's Museum Family ACCESS Membership Application

Office Use Only

Date of Visit _____

Staff Initial _____

Admission Price _____

Gilbert House Children's Museum offers reduced cost memberships to **qualifying families in Marion and Polk counties**, thanks to funding through grants and the generous support of our donors. This yearly membership is \$40 (more than half off the regular price membership) and includes unlimited admission for two named adults and up to four named children and discounts on camps, classes, birthday parties and in the Gift Shop.

To apply, please fill out this application AND submit a copy of one of the following eligibility or coverage notification letters with **current dates**.

- Section 8 / Public Housing
- Children's Health Insurance Plan (CHIP), Medicaid, Oregon Health Plan
- Free and reduced school Lunch, Food Stamps, WIC vouchers
- Temporary Assistance for Needy Families (TANF)

Once the application is completed AND you have attached a **copy** (we cannot return originals) of your assistance document, you can mail or drop it off at:

Gilbert House Children's Museum, ACCESS Program
116 Marion Street NE
Salem, OR 97301

or fax it to: 503-316-3485

Our review will include consideration of family size and annual income, along with your assistance documentation, to determine if you are a candidate for our program. You will receive a letter *either awarding or denying* ACCESS membership. If you are awarded membership, bring the confirmation letter and the \$40 payment to the Museum to activate your membership.

Adult Name(s)

1. _____ 2. _____

Mailing Address: _____

City: _____ County: _____ ST: _____ Zip: _____

Email address: _____ Phone: _____

Child(ren) Name(s) and Birthdate(s)

1. _____ DOB: _____

2. _____ DOB: _____

3. _____ DOB: _____

4. _____ DOB: _____

Additional children can be added for \$5.00 each, please attach additional sheet with their names and birthdates.



Gilbert House reduced memberships are made possible through grant funding and the generous support of donors. To ensure continued funding for this vital community program, please complete this CONFIDENTIAL survey. We value your privacy and will keep this personal information separate from your membership. The answers to the following questions are for statistical purposes only and assist us in communicating with our donors.

- 1. What is your zip code? _____
2. What is your marital status: [] Married [] Partner [] Single
3. Total number of children in the household _____
4. What are the genders, ages and races of the people in your household?

For race, please mark an X in one or more boxes per person if applicable.

Table with 8 columns (Adult 1, Adult 2, Child 1, Child 2, Child 3, Child 4, Child 5) and 8 rows (Age, Gender, African American, Asian, Caucasian, Hispanic, Native American, Other: please specify).

- 5. Are the adults in your household employed outside the home?

Adult 1:

- [] Yes, [] Full-time [] Part-time
[] No, [] Retired [] Looking for employment [] Not looking for employment

Adult 2:

- [] Yes, [] Full-time [] Part-time
[] No, [] Retired [] Looking for employment [] Not looking for employment

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

Adult 1: [] Some high school [] High school diploma [] G.E.D. [] Associates degree
[] Technical school degree [] Bachelor's degree [] Master's degree [] Ph.D

Adult 2: [] Some high school [] High school diploma [] G.E.D. [] Associates degree
[] Technical school degree [] Bachelor's degree [] Master's degree [] Ph.D

- 7. What is your total yearly household income, before taxes? _____

- 8. How did you hear about the ACCESS membership? _____

- 9. Why is a Gilbert House Membership important to your family? _____
