



## COMMUNITY CARD APPLICATION

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Portland Children's Museum mission: we collaborate to create transformative learning experiences through the arts and sciences. The Museum Access Program strives to increase and improve admission to the Museum for children of all backgrounds and abilities through partnership and cooperation with local organizations.

Organizations that work with families or children who have significant barriers to accessing the Museum may be eligible for a Community Card. A Community Card is \$200 for a yearlong membership that admits up to six people and one staff member from the organization.

Once your application is received, you will be contacted by the Museum. Questions about the application or program can be referred to our Museum Experience Coordinator, at (503) 471-9912 or [familyaccess@portlandcm.org](mailto:familyaccess@portlandcm.org).

Portland Children's Museum is always looking to collaborate and share resources with agencies serving families and children in the area. We look forward to hearing from you and welcome any ideas or suggestions.

Organization: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is the best way to contact you? Phone Mail E-mail

Answer the following questions, if applicable:

- 1) How does your organization serve families and children?
  
- 2) Does your organization receive special funding?
  
- 3) Do you charge a fee or place restrictions on who can receive your services?
  
- 4) Are there other circumstances that make access to the Museum difficult for your families?
  
- 5) What is the average income level of the families you serve?  
\_\_\_% *Under \$25,000*  
\_\_\_% *\$25,000-49,000*  
\_\_\_% *\$50,000-74,000*  
\_\_\_% *\$75,000-99,000*  
\_\_\_% *\$100,000+*
  
- 6) The Museum is seeking to improve our culturally-relevant services to diverse communities. Please provide any racial/ethnicity data your institution collects from the families you serve:  
\_\_\_% *African, African American or Black*  
\_\_\_% *American Indian, Native American or Alaskan Native*  
\_\_\_% *Asian, Asian Indian or Asian American*  
\_\_\_% *Latino, Hispanic, Chicano or Latin American*  
\_\_\_% *Native Hawaiian, Filipino or Pacific Islander*  
\_\_\_% *White, Caucasian or European American*  
\_\_\_% *Multiple ethnicities specified*
  
- 7) Is there any other information about your program you wish to share with us?

Please send completed applications to:

PORTLAND CHILDREN'S MUSEUM  
Attn. Family Access  
4015 SW Canyon Road  
Portland, OR 97221  
[familyaccess@portlandcm.org](mailto:familyaccess@portlandcm.org)  
Tel.: 503.471.9914 Fax : 503.223.6600