



the museum that doesn't act like a museum

## Family Access Membership Application

Portland Children’s Museum offers reduced cost memberships to qualifying families who live within 35 miles of the Museum. This \$15 yearly membership includes unlimited admission for two named adults and four named children living in the same household, two free guests with each visit, one named caregiver (e.g. nanny, grandparent, etc.), discounts on camps and classes, and a 15% discount in the Museum Store (in-store purchases only).

To apply, please fill out this application AND submit a copy of one of the following eligibility or coverage notification letters with **current dates (within the last year)**:

- Section 8 / Public Housing
- Children’s Health Insurance Plan (CHIP), Medicaid, Oregon Health Plan
- Free and Reduced School Lunch, Head Start, Food Stamps, WIC vouchers
- Low Income Energy Assistance, Temporary Assistance For Needy Families (TANF)
- Foster Home Certification

DO NOT send original documents. Documents will not be returned.

Once your application is completed AND you have made a copy of your assistance documents, you can scan and email your application and documentation to [familyaccess@portlandcm.org](mailto:familyaccess@portlandcm.org) or you can mail it to:

Family Access Program  
 Portland Children’s Museum  
 4015 SW Canyon Road  
 Portland, OR 97221

Please allow 2-3 weeks for application processing. If your membership is approved, you will receive a confirmation of your membership status. **Please pay your \$15 fee upon your first visit to the Museum. Your year-long membership will be activated upon your first visit.**

### Applicant Information (please print clearly)

Adult Name(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_

One additional caregiver name (e.g. nanny, grandparent) \_\_\_\_\_

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

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

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dependent(s) name & birthdate:

1. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ 3. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

2. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ 4. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

### Household Information

Yearly household income: \_\_\_\_\_

Are your children in a free or reduced-price school lunch program?: \_\_\_\_\_

Total # of children in the household: \_\_\_\_\_ Are you a foster family? \_\_\_\_\_ # of foster children: \_\_\_\_\_

How did you hear about the Family Access Membership?

\_\_\_\_\_