



# FREE Family Memberships Available for Indiana's Foster Families

Visit the museum to join today!

### Who qualifies?

Licensed Indiana foster care parents are eligible to register for a free one-year museum membership. (Any dependent children under age 21 are also included on membership.)

### Foster Family Membership Benefits

- **Free** general admission for one full year!
- **Free** Carousel rides
- **Free** subscription to *Extra!*, the museum's magazine and program guide
- **Discount** on preschool tuition and family programs
- **Discount** in The Children's Museum Store
- **Discounts** on birthday parties and Haunted House tickets
- **Discount** on guest admission tickets
- **Advance tickets** for Lilly Theater performances
- **Advance tickets** for SpaceQuest® Planetarium
- **Invitations** to exhibit preview days and members-only special events
- **Early admission** on First Saturday Member Mornings
- **Community Connections**—special offers for local family-friendly attractions

### To Join

To join the Foster Family Membership program, complete the application form and present it at The Children's Museum Box Office along with the following materials:

- Valid Indiana Foster Family Home License
- Indiana State-issued Photo ID

Licensed foster parent must be present at time of enrollment. For more information visit [childrensmuseum.org/fosterfamilies](http://childrensmuseum.org/fosterfamilies) or call 317-334-4000 or 800-820-6214.

*Terms and eligibility are subject to change without notice. Card not transferable. Named adult cardholder must attend on each visit. Photo ID required. Not valid with previous purchases.*



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## Foster Family Membership Application

Foster parent must apply in person at The Children's Museum Box Office with the following:

- Valid Foster Family Home License
- Indiana State-issued Photo ID (State of Indiana Only)

First-time Member \_\_\_\_\_

Renewing Member \_\_\_\_\_

Have you ever had a membership to The Children's Museum?

Yes  No

**Adult 1** (Adults must be members of same household)

Mr./Mrs./Ms. \_\_\_\_\_

**Adult 2** Relationship to Adult 1  Spouse/Significant Other  Other \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email (required) \_\_\_\_\_

I would like to receive email updates on upcoming exhibits and events

Today's Date \_\_\_\_\_

**Children** (Under 21 living in the same household)

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Office Use Only: DR \_\_\_\_\_ MN \_\_\_\_\_ SI \_\_\_\_\_

Home License \_\_\_\_\_ Expiration \_\_\_\_\_

MAX Number: \_\_\_\_ Foster \_\_\_\_ Other