



# FREE Foster Family Memberships at The Children's Museum for Indiana's Foster Families

**Visit the museum to apply 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** in The Children's Museum Store
- **Discount** on birthday parties and Haunted House tickets
- **Discount** on family program registration
- **Discount** on guest admission tickets
- **Advance tickets** for our most popular Lilly Theater shows
- **Invitations** to exhibit preview days and members-only special events
- **Early admission** on Member Mornings, first Saturday and Sunday of each month

### To Apply

To apply for a free Foster Family membership, complete the application form below 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.*

## 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 \_\_\_\_\_

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

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

Expiration \_\_\_\_\_

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

