

● CMF for ALL Membership Application ●



For Staff Use
Expiration Date:
SKU Number:
Documentation:

Applicant Information

Applicants must provide the following documentation to be eligible for this discounted membership.

- 1) Proof of Hancock County Residency
- 2) Statement of Benefits from Job & Family Services

Adult #1:	Adult #2:	
Email:	Phone:	
Address:		
City:	State:	Zip:

Children Living in the Same Household

Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:

Signature

I authorize the verification of the information provided on this form as accurate. The named above are legal guardians of each child on this membership, and all children reside at the single address listed. CMF reserves the right to refuse or terminate membership on the suspicion that CMF membership policy is being breached or if Museum rules are not being followed. I hereby release, waive, and discharge any and all claims or demands against and covenant not to sue the Museum, its directors, officers, and employees ("releasees") for injury to or death, damage to property, whether caused by the negligence of releasees or otherwise, to myself or my family, that arises or results from use of facilities, services, or programs of the Museum.

Signature:	Date:
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CMF for ALL Memberships are available on a limited basis. Application does not guarantee membership. The fee for CMF for ALL Membership is \$20/family/year.