



ORGANIZATION "ACCESS FOR ALL" APPLICATION

The Organization "Access for All" program is intended to assist community organizations in providing Museum access to under-served families in Sonoma County.

CONTACT INFORMATION

Organization Name _____

Mailing Address _____ City _____ Zip _____

Primary Contact Name _____ Job Title _____

Phone _____ Email _____ Organization Website _____

ORGANIZATION ACCESS OPTIONS

COST: \$300
3 Membership Options Available

| | | |
|---|--|--|
| <input type="checkbox"/> Access Passes Forty (40) single-use Access Passes Each pass admits up to 2 people | <input type="checkbox"/> Membership Cards Four (4) one-year memberships Each membership admits up to 6 people | <input type="checkbox"/> Passes & Cards Combo Twenty (20) single-use Access Passes Two (2) one-year memberships |
|---|--|--|

TWO ADDITIONAL MEMBERSHIP CARDS: \$150
In addition to the options above, you can add on more cards in increments of 2

| | | |
|---|------------------------|--------------------------------|
| <input type="checkbox"/> Additional cards requested | Number of cards: _____ | TOTAL AMOUNT DUE: _____ |
|---|------------------------|--------------------------------|

PAYMENT INFORMATION

- Check enclosed made payable to Children's Museum of Sonoma County
- Please invoice me for electronic payment.

ORGANIZATION INFORMATION

1. What service does your organization provide? _____
2. Will your organization be supervising visits for client families at the Children's Museum? Yes No
3. Do the families you serve currently receive assistance from any other social service or public assistance programs, such as CalFresh, WIC, Public Housing, etc.? Yes No
4. Would you be willing to provide feedback about your clients' experiences at the Museum? Yes No

The information I have provided on this form is true, correct, and complete to the best of my knowledge:

Signature _____ Date _____

Please return completed application to:
Children's Museum of Sonoma County ~ ATTN: Organization "Access for All" ~ PO Box 6141, Santa Rosa, CA 95406
Advancement@cmosc.org (707) 546 - 4069