



Register as a Museums For All Organization!

Name of Museum*

Type of Museum*

(Art, history, science & technology, children's, historical societies, tribal museums, botanical gardens, planetariums, zoos, other)

Museum Website Address*

Museum Mailing Address:*

Street Address*

City*

State*

ZIP Code*

Museum Contact - First Name*

Museum Contact - Last Name*

Museum Contact - Title*

Museum Contact - E-Mail*

Museum Contact - Phone number*

(Note: Personal contact information will not be released)

Museum Director/CEO (if different from contact)

Amount charged (planned) for admission for **Museums For All** visitors (\$0-\$3 USD) *

Amount charged for regular adult admission *

Museum operating budget (approx.)*

Total annual attendance (approx.)*

Do you plan to offer additional benefits to **Museums For All** visitors? Please describe.

By checking this box, you acknowledge that you must maintain the minimum requirements as laid out in the **Museums For All** guidelines in order to maintain the designation of a **Museums For All** museum. This designation will be renewed annually.*

By checking this box, you acknowledge that you must provide to IMLS and ACM, on a quarterly basis, the total numbers of visitors to your museum, and the number of visitors who utilized the **Museums For All** admission benefit.*

* = required field



ASSOCIATION OF CHILDREN'S MUSEUMS

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