



**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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