

# Community Access MEMBERSHIP



Please bring this form along with your SNAP/WIC card and a photo ID to Kentucky Science Center to activate your membership. If you have questions, call 502-560-7158 or email [kscmembership@louisvilleky.gov](mailto:kscmembership@louisvilleky.gov).

Membership cards will be delivered within 3 to 6 weeks of activation.

☐ NEW MEMBER      ☐ RENEWING MEMBER      MEMBERSHIP #: \_\_\_\_\_

1st adult    Dr./Mr./Mrs./Ms./Mx. \_\_\_\_\_

☐ 2nd adult    OR    ☐ unnamed guest    Dr./Mr./Mrs./Ms./Mx. \_\_\_\_\_

A SNAP/WIC recipient must be one of the named adults on the membership. If your membership includes an unnamed guest, that guest must be accompanied by the adult named on the membership.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Number of **children**, ages 2-18 \_\_\_\_\_    Number of **grandchildren**, ages 2-18 \_\_\_\_\_

Child 1: Name \_\_\_\_\_ M/F    Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

Child 2: Name \_\_\_\_\_ M/F    Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child 3: Name \_\_\_\_\_ M/F    Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child 4: Name \_\_\_\_\_ M/F    Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Community Access memberships are limited to four children.*

## STAFF USE ONLY:

DATE \_\_\_\_\_ TRX# \_\_\_\_\_ SALESPERSON \_\_\_\_\_