



Good Neighbor Museum Fund

MEMBERSHIP APPLICATION

ABOUT THE PROGRAM

The Good Neighbor Museum Fund was created to give families who may not otherwise have the opportunity to visit The Durham Museum with the chance to experience the museum's exhibitions, programs, and family events. Thanks to the support of generous donors, the museum is able to offer low-cost memberships to families meeting certain financial criteria, subject to availability.

Applicants must meet the following criteria:

1. Applicants must be residents of Douglas, Sarpy, Cass, or Washington counties in Nebraska, or Mills or Pottawattamie counties in Iowa.
2. The adult(s) listed on the membership and their dependent children must reside in the same household.
3. Applicants must meet the Eligibility Guidelines for free meals as defined by the U.S. Health and Human Services department or receive SNAP or WIC benefits.

HOW TO APPLY

1. Fill out the application form below.
2. Assemble your application along with a \$5.00 payment and one of the following documents:
 - a. A copy of letter on child's school letterhead certifying that he/she/they are enrolled in the free lunch program,
 - OR
 - b. A copy of the approval letter stating applicant is enrolled in either SNAP or WIC program (copy of card will not be accepted)

3. Mail all materials to:

The Durham Museum
 Attention: Membership Department
 801 S. 10th Street
 Omaha, NE 68108

If your membership is approved and memberships are available, you will be notified by phone or e-mail, and a confirmation letter along with your physical card will arrive within 7-10 business days of approval. Membership are valid for one-year and applicants must reapply each year. If your application is denied, please wait three months before applying again. Questions? Please call the membership department at 402-444-5071.

 Please detach application and mail along with payment and required documentation.



PLEASE FILL OUT MEMBERSHIP APPLICATION BELOW

GOOD NEIGHBOR MUSEUM FUND

Date _____

Primary Member Name _____ Title (Mr./Mrs./Ms./Dr.) _____
First/Last

Secondary Member _____ Title (Mr./Mrs./Ms./Dr.) _____
Must reside at same address

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Home Work Mobile

Email _____

How many children are in your household? _____ Please provide ages _____

Name of child(ren)'s school(s) _____
