

DES MOINES ART CENTER

Application for Free Membership

Applicant's Name _____

Address _____ City, State _____ Zip _____

Home Phone _____ Day Phone _____ Email _____

Request for Free Membership

On the lines below, please state why you or your household would benefit from a free membership at the Des Moines Art Center. Please use the back or additional sheets, if needed.

Interested in FREE transportation to and from the Art Center ___ Yes ___ No

Total Household Gross Income (before deductions)

Names (List everyone in household)	Earnings from work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Worker's Comp, Unemployment, SSI, etc. (All other income)
1.				
2.				
3.				
4.				

Distribution of Free Memberships

- Free memberships will be given on a case by case basis, dependent upon the financial status of the applicant and availability of memberships.
- A letter will be sent informing you of the decision regarding your application within ten business days of receiving your application.
- You may be asked to send written proof of income and eligibility. We will contact you if this is needed.

Signature of Applicant _____ Date _____

I certify that all information on this application is true and all income is reported. I understand that eligibility is based on the information provided and availability of memberships. I understand that the Des Moines Art Center may verify this information and that if, purposely falsified, I will loose all benefits of membership.

Confidentiality: The information you have provided will not be shared. Your information will be used solely for the purpose of determining eligibility for free membership.

**Please return application to: Lauren Rusco, Membership Manager, Des Moines Art Center
4700 Grand Avenue, Des Moines, IA 50312 Phone 515-271-0327 Fax 515-271-0350**

The free membership program is sponsored by

