

Membership Number: \_\_\_\_\_

Fairyland's Community Outreach Program offers a limited number of subsidized family memberships to qualifying low-income families through a direct application process. The membership is good for one year and the benefits include park admission for each member (up to 2 adults and 3 children), a Magic Key for each child, and discounts to gift shop, café, birthday parties, and summer camp. To submit an application, please complete this form. Application may be mailed or dropped off in person.

Please print clearly and write the name as it appears on your photo I.D.  
Your membership account will be under the name of the primary adult written below.

Primary Adult's First Name	Primary Adult's Last Name	
Additional Adult's First Name	Additional Adult's Last Name	Relationship to Primary

Please provide the names of the children in your household that you wish to include in your membership. Up to three children are included with each membership.

Child's First Name	Child's Last Name	____/____/____ Birthday	Female Male Prefer to self-describe _____
Child's First Name	Child's Last Name	____/____/____ Birthday	Female Male Prefer to self-describe _____
Child's First Name	Child's Last Name	____/____/____ Birthday	Female Male Prefer to self-describe _____

Mailing address	City	State	Zip
Cell number	Home number	Email	

Have you ever been a member before?    \_\_\_\_ No    \_\_\_\_ Yes

How did you hear about the subsidized membership program?

<input type="checkbox"/> Referred by an agency _____ Name of Agency	<input type="checkbox"/> Fairyland's website
<input type="checkbox"/> Other website _____ Name of website	<input type="checkbox"/> Social media
<input type="checkbox"/> Friend/relative	<input type="checkbox"/> at Fairyland
<input type="checkbox"/> Other _____	

Membership Use Only	Date
____ Letter and Sticker given	_____
____ Keys Given	_____
____ Guest passes	_____
____ Entered into Database	_____
____ Cards Printed	_____

## Personal Statement

Please share why you are applying for financial assistance and how your family would benefit from a Fairyland membership.

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## Finances

Total Household Gross Annual Income \$\_\_\_\_\_ How many people are in your household?\_\_\_\_\_

## Documentation

Applicants must submit at least one document from the list below. All documents except for Tax Returns should be no more than 30 days old.

Government Assistance Program(s) – provide current enrollment/award letter or statement

- Medi-Cal
- CalWORKS Benefits
- CalFresh/SNAP
- Women, Infant & Children program (WIC)
- SSI Statement
  
- First 2 pages of your most recent Federal Tax Return (1040, 1040A or 1040EZ)
- Homeless or living in transitional housing – ask your agency to provide a confirmation letter about your status.

I understand that my submission of this application does not guarantee that I will receive a one-year subsidized membership from Children's Fairyland. I certify that the information on this application is true and accurate.

x\_\_\_\_\_

Date: \_\_\_\_\_

Please note: The application process may take up to 3 weeks. If you have any questions, please do not hesitate to contact Vicky Chen, Community Outreach Coordinator at outreach@fairyland.org or call 510-452-2259.

Office Use Only	Date
Date Received:	_____
Membership Awarded:	_____
Approved by:	_____
Membership valid date	_____