



Association
of Children's
Museums

ACM Museum Membership Directory Survey

This survey is being conducted by the Association of Children's Museums
for the ACM Membership Directory.

Submission deadline for inclusion in the directory is **OCTOBER 26, 2007.**

Complete this survey online:

www.ChildrensMuseums.org/members_only/2008MemberSurvey.htm

**Completing this survey online helps ACM to process and publish your museum's
information faster. ACM prefers online submission.**

1. Name of Person(s) completing sections of this survey (this information will not be published in the directory):

Name	Title	Email Address	Sections Completed (e.g. 1-5)

SECTION 1: Museum Information

2. Museum Name _____

3. Street Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Country _____

4. Mailing Address (if different from above street address) _____

City _____ State/Province _____ ZIP/Postal Code _____

Country _____

5. Telecommunications Main Telephone # for Public (_____) _____ - _____

Main Fax Number (_____) _____ - _____

General Info Email Address _____

Museum's Web site Address _____

6. Name and title of person to be listed as the museum contact in the ACM Directory: Name: _____

Title: _____

7. Museum Classification

Please check the ONE category that best describes your institution: (Corresponds to IMLS categories for U.S. museums)

- | | | |
|---|---|---|
| <input type="checkbox"/> Aquarium | <input type="checkbox"/> Historic House/Site | <input type="checkbox"/> Science/Technology |
| <input type="checkbox"/> Arboretum/Botanical Garden | <input type="checkbox"/> History | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Art | <input type="checkbox"/> Natural History/Anthropology | <input type="checkbox"/> Specialized |
| <input type="checkbox"/> Children's/Youth | <input type="checkbox"/> Nature Center | Specify _____ |
| <input type="checkbox"/> General | <input type="checkbox"/> Planetarium | |

8. Please check the ONE category that best describes your institution's governing authority:

- | | |
|---|---|
| <input type="checkbox"/> Private Non-profit | <input type="checkbox"/> State/Provincial |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> County/Regional | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Federal/National | |
| <input type="checkbox"/> For-profit | |
| <input type="checkbox"/> Municipal | |

9. **Name of sponsoring institution/parent organization, if applicable:** _____
(e.g. City of Seattle, Province of Ontario, Smith College)
10. **Name of Head of Institution:** _____
11. **Title of Head of Institution:** Executive Director President/CEO Director
 Other (please specify title): _____
12. **Milestone Dates:**
Year museum incorporated: _____
Year museum first opened or will open to the public: _____
Year museum most recently expanded or moved into a larger facility, if applicable: _____
13. **What ages does your museum specifically target?**
 0-8 yrs 0-10 yrs 0-12 yrs 2-8 yrs
 2-10 yrs 2-12 yrs All ages Other _____
14. **What are your general operating hours?** _____

15. **What are your admission prices?** Adult: _____ Child: _____
(Non-U.S. Members, please convert to \$U.S.) Senior: _____ Other: _____
"Other" description _____
16. **If your museum charges admission, what times is admission free to your museum?** _____

17. **Please check the category that best describes your museum's location:** Urban Rural Suburban
18. **How many months or years did your museum plan prior to opening to the public?** _____ year(s) _____ month(s)
19. **Is your museum located in a mall?** Yes No
20. **Is your museum part of a downtown revitalization project?** Yes No

SECTION 2: Museum Finances

21. **Please check your institution's fiscal year:** January-December July-June
 October-September Other: _____ to _____
22. **What was the end date of the most recently completed fiscal year for which you have provided attendance/financial data for this survey?** Month _____ Date _____ Year _____
23. **Is your institution currently conducting a capital campaign?** Yes No
24. **If your museum is currently conducting a capital campaign, please indicate the amount of the campaign goal in U.S. dollars:**
\$ _____