Zoo Vembers Application Form

O New Membership	O Gift Membership	O Membership Renewal
Membership level: Individual \$49.95	○ Family \$109.95	O Add a Guest to Individual or Family \$38.95 each
Please issue the membersh	ip in the name of:	
NAME ADULT MEMBER 1 (LAST, FIRST, M.I.)		NAME ADULT MEMBER 2 (LAST, FIRST, M.I.) (FOR FAMILY AND FAMILY PLUS MEMBERSHIPS)
ADDRESS CITY, STATE, ZIP		
DAYTIME PHONE	EVENING PHONE	E-MAIL ADDRESS
CHILD'S NAME AND DATE OF BIRTH		CHILD'S NAME AND DATE OF BIRTH
CHILD'S NAME AND DATE OF BIRTH		CHILD'S NAME AND DATE OF BIRTH
CHILD'S NAME AND DATE OF BIRTH		CHILD'S NAME AND DATE OF BIRTH
This membership is a gift fr	om:	
NAME		
ADDRESS CITY, STATE, ZIP		
DAYTIME PHONE	EVENING PHONE	E-MAIL ADDRESS
Send membership to:	○ Giver ○ Recipient	Receive renewal notice next year? O Yes O No
GIFT SHOULD READ FROM		OCCASION FOR GIFT DATE OF OCCASION
Payment Information:		
Membership	\$	
Add a Guest - \$38.95	\$	NAME (AS IT APPEARS ON CREDIT CARD)
Total Amount Due	\$	
Enclosed is my check made payable to Caldwell Zoo.		CREDIT CARD ACCOUNT NUMBER EXPIRATION DATE (MM/YY)
Please charge \$ to my		SIGNATURE
○ Discover ○ MasterCard ○ Visa		SIGNATURE