



## 2017 Membership Form

### Purchaser's Information

Name: \_\_\_\_\_

2<sup>nd</sup> Adult (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Select Membership Category:

- |   |   |
|---|---|
| <input type="checkbox"/> Individual (\$45)    | <input type="checkbox"/> Individual Plus One (\$75) |
| <input type="checkbox"/> Household (\$65)     | <input type="checkbox"/> Household Plus One (\$95)  |
| <input type="checkbox"/> Grandparent (\$65)   | <input type="checkbox"/> Grandparent Plus One (95)  |
| <input type="checkbox"/> Patron (\$125)       | <input type="checkbox"/> Patron Plus One (\$155)    |
| <input type="checkbox"/> Grand Patron (\$500) |   |

Number of Children or Grandchildren: \_\_\_\_\_

Is this membership NEW or a RENEWAL?

### Method of Payment:

Cash: \$ \_\_\_\_\_  Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Credit: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_ Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

*Mail form and payment to: Red River Zoological Society • 4255 23<sup>rd</sup> Ave S • Fargo, ND 58104 Fax: (701)277-9238*

Office Use Only: Date Received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Premiums Sent: \_\_\_\_\_ Entered: \_\_\_\_\_