

Membership Enrollment Form

Please print and complete this page. Once completed, send to: **Cincinnati Zoo Membership, 3400 Vine Street, OH 45220-1399.**

For more information, call (513) 559-7713 x 2.

I'd like a one-year membership at the level indicated:

Individual

- Basic \$47
- Premium \$77
- Gold \$116

Single-Parent Family

- Basic \$65
- Premium \$95
- Gold \$137

Family

- Basic \$79
- Premium \$109
- Gold \$159

I would like to make an additional donation of \$_____

Total Enclosed \$_____

MEMBERSHIP FOR:

Mr./Mrs./Ms. First Named Adult: _____

Mr./Mrs./Ms. *Second Named Adult: _____

Two named adults are required for **Family/Grandparent memberships.*

Address: _____

City/State/Zip: _____ / _____ / _____

Daytime Phone: _____

E-mail _____

No. of children/grandchildren under 12 years of age: _____; 12-18 years of age: _____

GIFT FROM:

Would you like it sent to your address so that you may deliver it personally? YES / NO

Name: _____

Address: _____

City/State/Zip: _____ / _____ / _____

Daytime Phone: _____

PAYMENT INFORMATION:

Please make checks payable to Cincinnati Zoo or charge: (circle one) Visa/MC/Disc/AmEx

Acct. No _____ Exp. Date: _____

Signature: _____