

MEMBERSHIP FOR:

Name _____

Second Adult (if applicable) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email _____

___ Number of dependent children 18 and under *OR*

___ Number of grandchildren 18 and under

Send to: Recipient Me

Send renewal notice to: Recipient Me

Signed Gift Card From: _____

Please list children *OR* grandchildren covered by your membership.

Last Name	First Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYMENT

Check (payable to Minnesota Zoo) Credit Card

EXP. Date _____

MEMBERSHIP FROM:

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email _____

MEMBERSHIP TYPE (CHECK ONE)

\$50 Individual

One person named on card.

\$87 Individual Plus*

One person named on card PLUS a free guest each visit.

\$110 Household

Maximum of two named adults residing at the same address and their dependent children age 18 and under.

\$130 Household Plus*

Same as Household membership PLUS one free guest each visit.

\$110 Grandparent

Maximum of two named adults residing at the same address and their grandchildren age 18 and under. Grandchildren must be accompanied by the named adult member.

\$130 Grandparent Plus*

Same as Grandparent membership PLUS one free guest each visit. Grandchildren must be accompanied by the named adult member.

*Guest must be accompanied by the named member.