



Membership Application

I want to join the Zoo Please renew my membership # _____

I want to purchase a gift (fill out recipient information below)

Member #1: _____ Member #2: _____
(first & last name) (first & last name)

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Home Phone _____

E-mail Address _____

Number of children/grandchildren, **ages 3 to 18**, included on membership _____

Choose your membership level

\$33 Individual \$45 Couple \$59 Family
 \$125 Patron \$225 Supporting \$325 Sustaining

Additional options

Add \$12 Plus One (*one free guest per visit*) Save \$10 (*senior discount 62 and up*)

Payment Options

My check is enclosed payable to **Friends of the Zoo**. Check # _____

Visa Mastercard Discover American Express

Credit Card # _____ Expiration Date _____

Card Holder Signature _____ **Total Enclosed \$** _____

If Membership is a gift, please complete the following:

Gift from _____

Address _____

City, State, Zip _____

Daytime Phone _____ Home Phone _____

Send Membership packet to me Send Membership packet to recipient
 Mail renewal notice to me Mail renewal notice to recipient

Please allow 14 days for delivery. Mail completed application to:

Friends of the Zoo, Membership Department
One Conservation Place, Syracuse, NY 13204