

Membership



Form

Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ E-Mail Address _____

PAYMENT INFORMATION

Please make check payable to the Racine Zoo and bring it to the Racine Zoo or mail it in an envelope with this form to

Racine Zoo
200 Goold Street
Racine, WI 53402

Or Charge (check one): VISA MC Discover

Credit Card Number: _____ Expiration Date _____

Signature: _____

MEMBERSHIP CATEGORY

(Check one): One Plus One Zoo Pass \$50 Family Zoo Pass \$60 Family Plus Zoo Pass \$100
 Safari Club Naturalist \$250 Safari Club Conservationist \$500
 Safari Club Director \$1,000

Call 262-636-9189 if you have any questions or are interested in learning about other levels of membership. Your Zoo pass, animal encounter tickets and a letter outlining all of the membership benefits will be mailed to you within ten business days of receipt.

Thank you!