



2010 Membership Application Form

NEW RENEWAL

| SELECT A MEMBERSHIP | COST | TOTAL |
|--|---------------------|---|
| <input type="checkbox"/> INDIVIDUAL admits one named adult _____ | \$50 | _____ |
| Member Name | | |
| <input type="checkbox"/> INDIVIDUAL PLUS admits one named adult and one unnamed guest _____ | \$75 | _____ |
| Member Name | | |
| <input type="checkbox"/> FAMILY admits up to two primary adults in the same household plus either dependent aged children OR grandchildren up to age 21 (not both) _____ | \$100 | _____ |
| Print name of first adult _____ | | Print name of second adult _____ |
| # of children(21 and under) _____ OR grandchildren (21 and under) _____ | | |
| <input type="checkbox"/> FAMILY PLUS admits up to two primary adults in the same household plus either dependent aged children OR grandchildren up to age 21 (not both) and up to two named or unnamed guests. Unnamed guests must visit with members. _____ | \$125 | _____ |
| Print name of first adult _____ | | Print name of second adult _____ |
| Named Guest (can be left unnamed) _____ | | Named Guest (can be left unnamed) _____ |
| # of children(21 and under) _____ OR grandchildren (21 and under) _____ | | |
| Add the Columbus Zoo and Aquarium to a Wilds Membership | | |
| - Same category, excluding Donor Memberships | \$75 | _____ |
| WILDS DONOR MEMBERSHIPS | | |
| Includes complimentary Family Plus Membership package. Please fill in Family Plus Membership information above. | | |
| <input type="checkbox"/> ADVOCATE | \$150 | _____ |
| <input type="checkbox"/> GUARDIAN | \$250 | _____ |
| <input type="checkbox"/> CONSERVATOR | \$500 | _____ |
| <input type="checkbox"/> THE WILDS SOCIETY | \$1,000 | _____ |
| | ADDITIONAL DONATION | _____ |
| | GRAND TOTAL | _____ |

MEMBER and BILLING INFORMATION

Address _____

 City _____
 State _____ Zip _____
 Phone _____
 E-mail _____

Billing Name and Address
 if different than mailing address:

VISA MC DISC AMEX **OR** Check payable to *the Wilds*
 CARD # _____ Exp. Date _____
 Cardholder Signature _____

Please return completed form and payment to:
 The Columbus Zoo, Membership Office, PO Box 400, Powell, OH 43065
Prices effective April 1, 2010, and subject to change.