



Friends of Pine Grove Zoo

January 2008 to December 2008

Membership Application

Please print membership information:

| | | |
|----------------------------------|--------------------------------------|------------|
| Name of Member(s)--Adults | Children (18 years and under) | |
| | Names | Age |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Member Address | | |
| _____ | _____ | _____ |
| (Street Address) | _____ | _____ |
| _____ | _____ | _____ |
| (City, State, Zip) | _____ | _____ |
| _____ | _____ | |
| (Phone #) | (Email Address) | |

Please check all that apply:

- \$20 Individual Membership** (Individual membership includes: 12 months free admission to the Zoo, Newsletter, Discount on Zoo purchases, One membership card.)
- \$40 Family Membership--Children to be living at home as dependents** (Family membership includes: 12 months free admission to Zoo, Newsletter, Discount on Zoo Purchases, Two membership cards.)
- \$40 Grandparent Membership--Grandparent(s) plus 6 grandchildren, more than 6 add \$3/ grandchild** (Grandparent membership includes: Same as Family membership and One Membership Card per Grandparent.)

Additional Donation enclosed for \$ _____.

***This is a Gift Membership. If so please fill in the following information.

Name(s) of Sponsor(s) _____

Sponsor Address _____

| | | | |
|--------------------------------------|-----------|--------------------------------|-----------|
| | (Address) | (City,State, Zip) | (Phone #) |
| Please mail member packet to: | | Please mail renewal to: | |
| _____ Recipient | | _____ Recipient | |
| _____ Sponsor | | _____ Sponsor | |

Check all areas you are interested in receiving information about:

- Volunteering and/or Fundraising
- Adopt-An- Animal Program
- Education/Enrichment Program

Make checks payable, send payment and application to:

Friends of Pine Grove Zoo
 1200 West Broadway
 Little Falls, MN 56345

For Office Use Only

Date received _____
 Check # _____
 Check Amount _____