Membership Application

January, 2009 to December, 2009

PLEASE PRINT MEMBERSHIP INFORMATION:

Name of Member(s)—Adults

_____

_____

Mailing Address

_____
(Street Address)

_____
(City, State, Zip)

_____
(Phone Number)

Children/Grandchildren
(18 years and under)

Names	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____
(Email Address)

PLEASE CHECK ALL THAT APPLY:

_____ **$20 Individual Memberbership (**Individual membership includes: 12 month 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 of Sponsor(s)_____

Sponsor Address_____

(Address) (City, State, Zip)

Please mail member packet to: _____Recipient or _____Sponsor

Please mail renewal to: _____Recipient or _____Sponsor

CHECK ALL AREAS YOU ARE INTERESTED IN RECEIVING INFORMATION ABOUT:

_____ **Volunteering and /or Fundraising**

_____ **Adopt-An-Animal Program**

_____ **Education/Enrichment Program**

_____ **Receive Meeting Minutes from Friends of Pine Grove Zoo General Meetings**

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 _____
CC CASH or CHECK#_____
AMOUNT _____