

# Membership Form

Date: \_\_\_\_\_ Type of Membership: \_\_\_ Family \_\_\_ Grandparent

I. Adult Members: Two adults to use unlimited free admission.

Mr. Mrs. Ms. Dr. \_\_\_\_\_

--AND--

Mr. Mrs. Ms. Dr. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

II. Children: Children in immediate household or grandchildren in the family to use unlimited free admission.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

III. Type of Membership

\_\_\_ Basic \$100 \_\_\_ Premier \$150 \_\_\_ Platinum \$200 \_\_\_ Sponsor \$80

IV. Payment Method/Amount:

Cash: \$ \_\_\_\_\_ Check # \_\_\_\_\_ / \$ \_\_\_\_\_

Amount of Charge \$ \_\_\_\_\_ Circle One: Visa MC AmEx Discover

Acct. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

**Membership #** \_\_\_\_\_

**Membership Expiration Date:** \_\_\_\_\_

