

PRINTABLE MEMBERSHIP FORM

NIABI ZOO

YES, I WANT TO JOIN THE ZOO!

New Membership Gift Renewal

MEMBER INFORMATION Please print name(s) of adults living at the same address.

Adult Name #1 _____

Adult Name #2 _____

Names of Children/Grandchildren _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Adult#1 Birth Date _____

Yes, I want to receive zoo news by e-mail

E-mail Address _____

GIFT GIVER INFORMATION

Gift Giver Name _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____

Yes, I want to receive zoo news by e-mail

E-mail Address _____

Send gift membership to Me Recipient

Include stating this is a gift from _____

*Children must be between the ages of 3-17 years old.

*We will add both Households into our Online Portal and send out log in information with Welcome Packet, if not already in the system.

CHOOSE YOUR ONE-YEAR MEMBERSHIP PACKAGE

See niabizoo.com for a list of benefits.

All membership packages can be made into Grandparent packages.

SELECT YOUR MEMBERSHIP TYPE

Basic Memberships

Individual **\$50** 1 adult

Single Parent **\$70**

1 adult & 4 children

Family **\$80** 2 adults & 4 Children

Zoo Booster **\$255**

2 adults & 4 Children, one time distribute of 5 admission passes

Member Plus Memberships-

All Premium packages include one free guest for each visit.

Individual **\$70**

one time distribute of 2 train and carousel passes.

Single Parent **\$90**

One time distribute of 3 train and carousel passes.

Family **\$115**

one time distribute of 4 train and carousel passes.

Zoo Benefactor **\$505**

one time distribute of 5 train, carousel and admission passes.

Additional Children: When entering the zoo with a named adult on a membership, they will receive 50% off the current admission rate.

PAYMENT INFORMATION Select payment method.

Cash Check (payable to NIABI ZOO)

Visa Mastercard Discover AMEX

Name On Card _____

Credit Card Billing Address _____

City _____ State _____ ZIP _____

Account # _____

Security Code _____

Expiration Month _____ Year _____

Cardholder Signature _____

Membership Fee \$ _____

Additional Donation to Zoo \$ _____

TOTAL \$ _____

Complete and email or mail with payment to:

membership@niabizoo.com

or

Niabi Zoo Membership

13010 Niabi Zoo Rd

Coal Valley, IL 61240

FAX to **309-799-5761** or renew online at niabizoo.com.

FOR OFFICE USE ONLY

HH# _____

Pass # _____

Tickets sent or given _____

Date _____ Initials _____

Packet sent _____

Log in /Password Sent _____

Date _____ Initials _____

Notes _____