



JOIN OUR ZOO FAMILY TODAY!

FOTZ MEMBERSHIP APPLICATION

MEMBERSHIP RECIPIENT

Primary Adult _____

Secondary Adult _____

PLEASE NOTE: Primary and Secondary Adults must live at the same address as stated on this form.

Address _____

City _____ State _____ Zip Code _____

Daytime Phone: _____ Email Address _____

Number of Children _____

Children must be the cardholders children or grandchildren and under the age of 18.

GIFT MEMBERSHIP

Is this a gift membership? Yes No If yes, please complete the information below:

Donor Name _____

Donor Address _____

City _____ State _____ Zip Code _____

Daytime Phone: _____ Email Address _____

Please indicate how you would like us to mail the membership.

Please mail to my address above. Please mail to the membership recipient

MEMBERSHIP LEVEL

Please indicate the membership level you wish to purchase

- Super Zoo Buff - \$145
- Special Friend—\$70
- Family Membership - \$50
- Single Adult Family - \$45
- Zoo 4 Two - \$40
- Individual - \$30
- Senior - \$25
- Caregiver Option - \$15

I would also like to give an addition contribution of \$_____ to support the Species Survival Plan SSP)

Please complete this form and mail it along with your payment to:

Friends of the Topeka Zoo
635 Gage Boulevard
Topeka, Kansas 66606