Jacksonville Zoo and Gardens
Director's Circle

☐ **I am a new member to the Jacksonville Zoo** ☐ **I am a renewing member of the Jacksonville Zoo**

Name the Primary Adult Cardholder and the Second Adult Cardholder (*If you are signing up for the Individual or Friend level, please only list one (1) Adult Cardholder)*

_____

Please Print First Name Middle Initial Last Name

_____

Please Print First Name Middle Initial Last Name

Mailing Address _____

Apartment or Unit # _____

City _____ State _____ Zip Code _____

Day Phone _____ Eve Phone _____

E-mail _____

How many children or grandchildren are included in this membership?
For Parents: Please list the names of the children between the ages of 3 and 17 living in your household.

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

For Grandparents: I have #___ Grandchildren ages 3-17. (Limit of 4)

Select a Membership
□ Sponsor $250 □ Patron $500 □ Heart of the Zoo Society $1000 and above

Payment Method
□ Check #_____ □ Visa □ MasterCard □ Discover □ American Express

Charge Card #_____ Expiration Date _____ CCV _____

Amount enclosed $_____

Mail this application and payment to
Jacksonville Zoo and Gardens
Attention: Membership
370 Zoo Parkway
Jacksonville, Florida 32218

Or fax to (904) 757-4315

THANK YOU for your order. Please allow 2-3 weeks for processing and mailing of your new member packet. Questions? Call our Membership Department at (904) 757-4463, Ext. 114.