



Membership Application

370 Zoo Parkway, Jacksonville, Florida 32218
904-757-4463 ext. 114 ♦ www.jacksonvillezoo.org

The Zoo is open seven days a week, 9:00 a.m. – 5:00 p.m.,
with extended Spring and Summer hours on weekends and specified holidays.
The Zoo is closed only on Christmas Day.

1: Identify Your Membership Status

- New*: Sign me up to be a new member of the Jacksonville Zoo and Gardens.
- Renewing Member*: I want to renew my membership for 12 more months.

2: Name the Primary Adult Cardholder (Please print name as it appears on photo ID)

First _____ MI ___ Last _____ Birthday ___/___/___

3: Name the Secondary Adult Cardholder (Please print name as it appears on photo ID)

First _____ MI ___ Last _____ Birthday ___/___/___

4:

- **Parents:** Please list the names and birthdays of the children age 3-17 living in your household.
- **Grandparents:** Please list names and birthdays of children in the family (limit of four per visit)

Zoo memberships include the children age 3-17 living in your household or up to 4 grandchildren age 3-17 on each membership. If more than 4 of your grandchildren ages 3-17 are likely to visit the zoo with you at one time, consider adding unnamed guests to the membership, which allows an additional 1 or 2 guests at each visit. Members' children are considered adults once they turn 18. Unnamed guests must be accompanied by a named adult cardholder.

5: Your Contact Information

Address: _____ Apt. or Unit # _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ Email: _____

6: Name the Named Guest Cardholder (Please print name as it appears on photo ID)

First _____ MI ___ Last _____ Birthday ___/___/___

A Named Guest can be added to the Membership and enjoy the same privileges as primary member adults. Named Guests may bring member family children in the member's absence.

Select Level of Membership

Individual \$65 One Adult Family \$120 Family \$145

Named Guest (limit one)

Unnamed Guest (limit two)

Method of Payment:

Check # _____ Cash Visa MasterCard Discover American Express

Charge Card # _____ Expiration Date: _____ CCV _____

Amount enclosed \$ _____