



2023 Membership Form

Purchaser's Information			
Name:			2 nd Adult (if applicable):
Address:			Phone:
City/State/Zip:			Email:
Г	Select Membership Category:		
	🔲 Individual (\$65)		Individual Plus One (\$95)
	🔲 Household (\$95)		Household Plus One (\$125)
	🛛 Grandparent (\$95)		Grandparent Plus One (\$125)
	Patron (\$135)		Patron Plus One (\$165)
	Grand Patron (\$500)		
Number of Children or Grandchildren: Is this membership NEW or a RENEWAL? Method of Payment:			
	Cash: \$ Che	ck #	Amount:
□ Credit:			
Expiration: CVV Number: Billing Zip Code:			
	Name on Card:		
	Signature:		
Mail form and payment to: Red River Zoological Society • 4255 23 rd Ave S • Fargo, ND 58104 Fax: (701)277-9238			
Office Use Only:	Date Received:		Expiration Date:
Processed by:	Premiums Sent:		Entered: