

*That's My*  
**Membership Form**



**RACINE ZOO**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**PAYMENT INFORMATION**

Please make check payable to the Racine Zoo Society and bring it to the Racine Zoo or mail it in an envelope with this form to

Racine Zoo  
200 Goold Street  
Racine, WI 53402

OR Charge (check one):  VISA  MC  Discover

Credit Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature: \_\_\_\_\_

**MEMBERSHIP CATEGORY**

(Check one):  One Plus One Zoo Pass \$50  Family Zoo Pass \$60  Family Plus Zoo Pass \$100

Call 262-636-9189 if you have any questions or are interested in learning about other levels of membership. Your Zoo Pass, animal encounter passes, and a letter outlining all of the membership benefits will be mailed to you within ten business days of receipt.

Thank you!