

# MEMBERSHIP APPLICATION



Family  \$90      Explorer  \$150  
Grandparent  \$80      Associate  \$500  
One + One  \$70      Benefactor  \$1,000

Family Access\*  \$45      Additional Guest Add-On(s) \$20 each  
Military\*  \$65       One       Two  
Teacher\*  \$65

\*Documentation required

DATE: \_\_\_\_\_

NEW

RENEWAL

## MEMBER INFORMATION:

Is this a GIFT MEMBERSHIP?

Adult 1 Cardholder Name \_\_\_\_\_

Gift Giver's Name \_\_\_\_\_

Adult 2 Cardholder Name \_\_\_\_\_

How would you like your name to appear on the letter?  
(EX: Grandpa and Grandma)

Address \_\_\_\_\_

Address \_\_\_\_\_

City/ State / ZIP \_\_\_\_\_

City/ State / ZIP \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

email \_\_\_\_\_

Child Name/ D.o.B \_\_\_\_\_

### For Explorer Membership only:

Child Name/ D.o.B \_\_\_\_\_

Caregiver Name \_\_\_\_\_

Child Name/ D.o.B \_\_\_\_\_

### For Explorer, Associate, & Benefactor Memberships only:

Child Name/ D.o.B \_\_\_\_\_

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