

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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