

FAMILY MEMBERSHIP 2010-2011

DATE: _____

Type of Membership:

_____ **Patron (4) \$500** _____ **Giving (4) \$250** _____ **Unlimited (4) \$150**
_____ **Limited 12 visits (4) \$100** _____ **Limited 6 visits (2) \$60** _____ **Bear Cub Club Only (2) \$70**

Last Name on Membership _____

Adult **First Name:** Mr. Mrs. Ms. _____

Add'l. adult Mr. Mrs. Ms. _____ (Relationship to member) _____

Add'l. adult Mr. Mrs. Ms. _____ (Relationship to member) _____

Child (**first/last**) _____ M F (**circle one**) Child _____ M F

Child (**first/last**) _____ M F Child _____ M F

Home Address: _____

City: _____ State: _____ Zip: _____

County/Parish: _____ Home Phone: _____ Cell _____

Primary Email address: _____

Primary Employer: _____ Phone: _____

\$25 for each additional person \$25 per family for Bear Cub Club
Membership (Program offered
August through May)

**Membership is non-refundable and is not valid for group visits.
Duplicate and replacement cards will not be issued.**

FOR OFFICE USE ONLY

of persons on card _____ **Amt. Paid** _____

Form of payment: Cash _____ Check _____ VI/MC _____