**Individual Annual Pass Application Form – PLEASE PRINT CLEARLY**

**MEMBERSHIP TYPE**S - Price equivalent to just 3 visits a year

**$85.50 ADULT ⃝**

**$39.50 CHILD 3 to 15 years – CHILDS DOB: …………..………………… ⃝**

**$125 CHILD FLEXIPASS (One NAMED CHILD MAX AGE 15 plus any adult) CHILDS DOB: ……………..……………… ⃝**

**$62.50 SENIOR CITIZEN 65+ with ID ⃝**

**$62.50 STUDENT with ID ⃝**

**$62.50 COMMUNITY SERVICES CARD holder with ID ⃝**

|  |
| --- |
| First Name: Last Name: |
| **Phone:** |
|  |
| **City:** |
|  |
| **If you would like to receive email reminders of pass expiry, and news relating to membership please record your email below.** |
| **Email:** |

**ACCEPTANCE SIGNATURE** of Main Pass Holder: ………………..…………………………….

**CONDITIONS OF USE:**

* **This Annual Pass is a personal membership for the people listed above.**
* **Annual Passes are not transferable to other people or refundable.**
* ID photos will be taken and attached to your membership. These photos will be electronically stored at Hamilton Zoo Reception.
* This Annual Pass expires 12 months from the date of purchase.
* Card must be presented on entry to receive card benefits.
* Show your Annual Pass at The Hungry Morepork Café (top café only) and/or gift shop to receive 10% discount.
* The Annual pass is valid for admission to Zoo only. Prices valid for 2021/22 financial year.
* A $5.00 fee will be charged for all replacement cards issued.

**ASK US ABOUT PAID MEMBERSHIP TO THE FRIENDS OF THE ZOO CHARITABLE TRUST (with added benefit of 10% off your Zoo annual pass)**

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**Family Annual Pass Application Form – PLEASE PRINT CLEARLY**

**PRICE:** $249 - Price equivalent to just 3 visits a year

|  |
| --- |
| 1st Adult - First Name: Last Name: |
| **2nd Adult – First Name: Last Name:** |
|  |
| **1st Child – First Name: Last Name: DOB:** |
|  |
| **2nd Child – First Name: Last Name: DOB:** |
|  |
| **3rd Child - First Name: Last Name: DOB:** |
|  |
| **4th Childs - First Name: Last Name: DOB:** |
| **CHILDREN ON FAMILY MEMBERSHIPS - MAXIMUM AGE OF 15 YEARS** |
| **Phone:** |
|  |
| **City:** |
|  |
| **If you would like to receive email reminders of pass expiry, and news relating to membership please record your email below.** |
| **Email:** |

**ACCEPTANCE SIGNATURE** of Main Pass Holder: ………………..…………………………….

**CONDITIONS OF USE:**

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* **Annual Passes are not transferable to other people or refundable.**
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