



Friends of Hamilton Zoo Membership application form

1.11.'15 – 31.10.'16

Memberships are renewable yearly on 31 October
Half price after 30 April

Fill out your details and return with payment to:

The FRIENDS OF HAMILTON ZOO Inc.,
c/o 314 Grandview Rd, Hamilton 3200

OR you can also pay by Direct credit to: Friends of Hamilton Zoo Inc. – Acc. No 389008 - 0091497 – 00
Reference: *Your name and Membership Type*
Email this completed form to: aewilkins@xtra.co.nz

MEMBERSHIP TYPE - please TICK

- Adult \$ 15.00 Child \$6.00 (3 -15 yrs inclusive, under 3 yrs Free)
 Family \$ 40.00 (2 Adults & up to 4 children)

MAIN MEMBERSHIP HOLDER DETAILS - please PRINT

- MRS MR MS MISS DR Please TICK appropriate box

FIRST NAME: _____ LAST NAME: _____
PHONE _____
Home: _____ PHONE Work/mobile: _____
ADDRESS: _____ TOWN/CITY: _____
EMAIL*: _____

*Please PRINT (optional, but saves paper/postage)

- Tick this box if you're happy to receive Friends' newsletters & correspondence via email , thank you!

FOR FAMILY MEMBERSHIP ONLY - other Family members covered by this card:

ADULT: FIRST NAME: _____ LAST NAME _____
CHILD: FIRST NAME: _____ LAST NAME _____ DOB _____
CHILD: FIRST NAME: _____ LAST NAME _____ DOB _____
CHILD: FIRST NAME: _____ LAST NAME _____ DOB _____
CHILD: FIRST NAME: _____ LAST NAME _____ DOB _____
CHILD: FIRST NAME: _____ LAST NAME _____ DOB _____

CONDITIONS OF USE:

- This membership is personal and not transferable to others.
- Identification photo of member/s will be taken during the first visit, at the Zoo Reception and electronically stored. If not all family members present, then their photo taken later.
- NO card = NO Entry. A \$5.00 fee will be charged by the Zoo for all replacement cards issued.

★ ACCEPTANCE SIGNATURE of Main Membership Holder: _____

Charitable Organisations Reg. No CC 30662

Donations over \$ 5.00 are tax deductible ☺

I wish to make a donation to Friends of Hamilton Zoo, I enclose a cheque for \$.....

Yes, I would like to be contacted about getting actively involved with the "Friends", please phone me.

FOR OFFICE USE ONLY:

DATE ENTERED:		PAID BY:	Cheque /Direct Credit / Cash
OPERATOR:		Membership card no:	