

CHEYENNE MOUNTAIN ZOO MEMBERSHIP FORM

(cmzoo.org/membership)

By renewing or acquiring a membership, you accept and agree to our membership Code of Conduct, also available online at cmzoo.org/membership.

1. SELECT YOUR MEMBERSHIP & ADD-ON

- ☐ Individual Plus \$129.50 ☐ Family⁺ \$219 ☐ Grandparent⁺ \$219 ☐ Family Plus \$289
☐ Conservator \$500 ☐ Patron \$1,500 ☐ Patron Gold \$2,000 ☐ Sky Ride Day Pass* \$35

2. THIS IS A: ☐ NEW MEMBERSHIP ☐ RENEWAL ☐ GIFT

3. MEMBER INFORMATION (Note: if this is a gift, add the recipient information here.)

Enroll these family⁺ members for membership privileges:

1st Adult (First and Last): _____

2nd Adult (First and Last): _____

☐ Add \$70 for 3rd Adult (First and Last): _____

Number of eligible children⁺: _____ Number of eligible grandchildren⁺: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: (_____) _____ Cell: (_____) _____

Email: _____

⁺Family consists of one or two adults living in the same household, and their children age 18 and under who live in that same household. Grandparent consists of one or two adults living in the same household, and their grandchildren who are age 18 and under (grandchildren do not need to live in the same household). Memberships do not include day care children. Minimum age requirement for a listed adult is 18. A CMZoo membership card and valid photo ID are required upon entering the Zoo. **Memberships cannot be refunded after purchase.** Prices and benefits subject to change. Check our website for current information. *Sky Ride Day Pass is an add-on for any membership and includes rides during regular daytime Sky Ride hours.

4. PAYMENT

Total Amount Due \$ _____ Coupon Code: _____

☐ **Check** » Make payable to "Cheyenne Mountain Zoo" and mail to:
Cheyenne Mountain Zoo | 4250 Cheyenne Mountain Zoo Rd. | Colorado Springs, CO 80906

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name on Card: _____

Card Number: _____

Exp. Date: _____ CVV2 _____

Signature: _____

5. GIFT INFORMATION (if applicable):

This membership is a gift FROM (First and Last): _____

Address: _____

City: _____ State _____ Zip _____

Home: (____) _____ Cell: (____) _____

Email: _____

☐ Send membership to gift recipient.

☐ Send membership to me.

QUESTIONS? Call (719) 424-7815 (8 a.m. to 5 p.m., Monday through Friday), or email membership@cmzoo.org.