



Family Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Box/Bldg/Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am:            a new member    renewing my membership

Membership Choice:

\$25 Individual/Family Membership

General Doanation, I do not want a membership

\$500 Lifetime Membership

Please Print this form and mail a check payable to "Great Bend Zoological Society" to:

**Great Bend-Brit Spaugh Zoo**  
**2123 Main Street**  
**Great Bend, KS 67530**

Thank you for your support!