



Corporate Membership Application

Valid for memberships bought or renewed by employees in 2024.

1

Please fill out the information below:

Company Name _____

Contact Person _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

2

Choose the contribution type that's right for you:

_____ % PERCENTAGE per membership OR \$_____ FLAT AMOUNT per membership

3

Choose a collection & billing method:

[] Option 1: Employees will submit their membership applications directly to the zoo office. At the close of each month, the zoo will invoice the company for the portion due.

[] Option 2: A designated staff member will be responsible for collecting and turning in all corporate membership applications to the zoo. The company will be invoiced for the total portion due.

Authorizing signature _____

Date _____