

JOIN US!

Memberships play a vital role in supporting a variety of Columbian Park Zoo projects and programs. It also signifies a commitment to the continued education of our youth and the conservation of the world's wildlife.



STAY IN TOUCH!

columbianparkzoo.org • 765-807-1540



OUR MISSION

The mission of the Columbian Park Zoo is to encourage the appreciation of the world's wildlife, to enhance the preservation and conservation of biodiversity and to inspire educational discovery and exploration in a fun, family-oriented environment for all citizens of the Greater Lafayette Area.



BECOME A MEMBER

MEMBERSHIP LEVELS & BENEFITS

MEMBERSHIP LEVEL	INCLUDES	COST	ADDITIONAL BENEFITS
INDIVIDUAL	One named adult	\$25.00	<ul style="list-style-type: none"> One Tropicanoe Cove admission pass*
GRANDPARENT	Two named adults and up to six grandchildren under 18 years of age	\$50.00	<ul style="list-style-type: none"> Two Tropicanoe Cove admission passes*
FAMILY	Two named adults and all named dependent children under 18 years of age	\$50.00	<ul style="list-style-type: none"> Two Tropicanoe Cove admission passes* Discount on select Education Programs

MEMBERSHIP BENEFITS FOR ALL LEVELS:

- FREE zoo admission
- Zoo Gift Shop Discount
- \$20 off commemorative brick pavers
- Discount on select Zoo special events
- Discounts at reciprocating zoo & aquariums (full list available online)
- Exclusive members communications

Membership benefits are non-transferable. Member will be asked to present photo ID with membership card. See our website for Membership Guidelines.

*All Tropicanoe Cove passes admit one individual and are one-time use. Pass must be presented at time of use. Passes cannot be replaced if lost, stolen, or destroyed.

Want to give a Columbian Park Zoo Membership as a gift? Gift Memberships can be purchased by calling (765) 807-1500.



BECOME A MEMBER TODAY! New Membership Renewal **LEVEL:** Individual - \$25 Family - \$50 Grandparent - \$50

Adult 1 Name: _____ DOB: _____ Address: _____ City/State: _____

Adult 2 Name: _____ DOB: _____ Zip: _____ Email: _____ Phone: _____

Please list all dependent children, including DOB: (Grandparent Membership, please write in # of grandchildren under 18 years old - up to 6 - no names/DOBs required)

PAYMENT INFORMATION Payment Amount: _____ Check here if over age 65+ years

Method of Payment:

Debit/Credit Card Personal Check

Paid in Gift Shop (receipt attached)

Card Number: _____

Exp. Date: _____ Security Code: _____

Billing Zip: _____ Signature: _____

Checks should be made payable to Columbian Park Zoo.

COLUMBIAN PARK ZOO
ATTN: MEMBERSHIP
1915 SCOTT STREET
LAFAYETTE, IN 47904

I hereby authorize Columbian Park Zoo to charge my debit/credit card or process my check for my Columbian Park Zoo membership.