



Individual Membership Form

www.butterflies.org

All Memberships include the following Benefits:

- Free admission for 1 year for named card holders and listed children up to 6 (children ages 2 to 12)
- Free admission to public events
- Discounts on birthday parties, facility rentals and educational programs (field trips excluded)
- Invitations to member-only events
- One-time guest admission passes
- Subscription to Flutterings newsletter
- Discount in gift shop (excluding media & books)
- Personalized membership cards
- Reciprocal zoo memberships throughout US (does not include facilities in Colorado)
- Discounts at partner organizations

All membership benefits are valid during length of membership and are non-transferable.

Membership Level	Card Holders	Guest Passes	Additional Benefits
<input type="checkbox"/> \$150 Lacewing	3	5	20% Discount in Gift Shop Listed in Annual Report
<input type="checkbox"/> \$85 Family Premier	2	3	Each card holder can bring one guest per visit. <i>*guest must be present with card holder</i>
<input type="checkbox"/> \$65 Family	2	3	
<input type="checkbox"/> \$65 Individual Premier	1	3	Card holder can bring one guest per visit. <i>*guest must be present with card holder.</i>
<input type="checkbox"/> \$45 Individual	1	2	
<input type="checkbox"/> \$30 Senior (65+)	1	2	
<input type="checkbox"/> \$15 Caregiver Card <i>(this card expires with membership)</i>			

Please print your information clearly:

Is this a new membership ? YES No, this is a renewal.

Is this membership a gift? YES No (If yes, please complete the form on back.)

Primary Cardholder's First and Last Name (required): _____

Second Cardholder's First and Last Name: _____

Third Cardholder's First and Last Name: (For Lacewing Memberships Only) _____

Names and Ages of Children/Grandchildren – LIMIT 6

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Caregiver First and Last Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone (required): _____ Work/Cell Phone: _____

Help us conserve! E-mail address: _____



Gift Membership

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Please take a moment to fill out the gift giver information.

Print your information clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone (required): _____ Work/Cell Phone: _____

Help us conserve! E-mail address: _____

Please check here if you would like the membership information sent directly to you instead of directly to the member.
Membership cards will be sent directly to the member.

For Staff Use Only:

Date: _____

Clerk Name: _____

Cash Check Credit Card Type: _____

of Guest Passes Used: _____

Membership amount: _____

Additional Children (\$5 each): _____

Additional Tax-Deductible Gift: _____

Total Amount Enclosed: _____