

# Gift Membership Application



Santa Barbara Zoo Membership Department  
500 Niños Dr. Santa Barbara, CA 93103

Phone: 805-679-8479

Email: [membership@sbzoo.org](mailto:membership@sbzoo.org)

## Gift Membership is for:

### Categories/Prices

<input type="checkbox"/> Individual Plus \$100	<input type="checkbox"/> Zoologist's Circle \$500	<input type="checkbox"/> Benefactor's Circle \$2,500
<input type="checkbox"/> Dual Plus \$150	<input type="checkbox"/> Keeper's Circle \$1,000	<input type="checkbox"/> Executive Circle \$5,000
<input type="checkbox"/> Flock \$250	<input type="checkbox"/> Curator's Circle \$1,500	<input type="checkbox"/> Director's Circle \$10,000

### Primary Adult Cardholder:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Secondary Adult or Child Cardholder: *if child, check here* \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_

Names of dependent children or grandchildren under 18:

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

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

Gift is from (Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

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

I have enclosed an extra \$ \_\_\_\_\_ for the Santa Barbara Zoo's Local Conservation Programs.

### Payment Method:

Check enclosed, payable to the Santa Barbara Zoo

AMEX  Discover  MC  Visa

Account # \_\_\_\_\_ CVV \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amount \$ \_\_\_\_\_ Signature \_\_\_\_\_

Please send gift to recipient.  Please send gift to me. I will deliver it personally.

Please send gift in gift certificate form.

Membership will be mailed to the specified address in approximately four (4) weeks.  
All Memberships are non-transferable. All memberships must have at least one adult cardholder.