



MEMBERSHIP APPLICATION - 2018

Member Information: Please provide one 1" x 1" adult photo. Please do **not** send Child Photo. Members receive 10% discounts at Zoo Gift Shop (excluding animal feed) and Zoo birthday party discounts. **PLEASE PRINT**

Mailing Address:

545 West Street
Ludlow, MA 01056

Phone: (413) 589-9883

Fax: (413) 589-9736

www.lupazoo.org

Physical Address:

62 Nash Hill Road
Ludlow, MA 01056

A 1" X 1" Photo is necessary for your membership.

PLEASE SEND

PICTURE,

CHECK OR MONEY

ORDER, AND

APPLICATION TO:

545 West Street

Ludlow, MA 01056

Please allow 2 weeks for processing and mailing of your membership card.

Date: ___/___/___

Name #1: _____ Name #2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ - _____ Email Address: _____

Membership Categories (Circle One):

\$75.00 – Individual: Membership benefits for one person for one season.

\$125.00 – Family: Membership benefits for two adults in the same household and up to four children under the age of 18.

\$125.00 – Grandparent: Membership benefits for two adults in the same household and up to six grandchildren under the age of 18.

\$30.00 - Cost for each additional child in household up to the age 18.

Is this membership a gift? _____ If yes, please list your information below.

Name: _____

Address: _____

Phone #: (____) _____ - _____

One Membership holder **must** be present with his/her membership card at the time of each visit. This membership is non-transferable, non-refundable and is valid only for the 2018 season.

Please have both Adult Members sign below:

Adult Members Signature _____

Adult Members Signature _____

Please send 1" x 1" adult photo, check or money order, and application to 545 West Street Ludlow, MA 01056.

Your membership card will be mailed to the Members address. If you would like it to be mailed to a different address, please note it on this application.



Receipt Copy for Lupa Zoo Membership (Admissions Booth Purchase)

Please send 1" x 1" adult photo with copy of receipt to 545 West St. Ludlow, MA 01056, or E-mail to Info@lupazoo.org A photo is necessary for your membership.

Date: _____

Member(s) name _____

Membership Category: _____ Amount: _____

Total Amount Received: _____ Cash _____ Check No. _____ C.C. _____

Employee Initials: _____