



Member Name(s): _____

Number of Adults: _____ Number of Children: _____

Children's Name & Date of Birth:

Email Address: _____

Phone Number: _____

Address: _____

Membership Type:

Individual (One named Adult)

Family (One or two adults named on the card residing at the same address and their children under age 18)

Grandparent ((One or two adults named on the card residing at the same address and their children under age 18)

Zoo for All Eligibility

EBT (Electronic Benefits Transfer)

WIC (Women, Infants, and Children)

Medical Assistance (Minnesota Care & Wisconsin BadgerCare)

Foster Care

Free/Reduced Lunch

You will provide the eligibility document(s) and identification verification at the Zoo.

For office use only: Date received _____ Received by _____