



Red River Zoological Society
4255 23rd Ave S
Fargo, ND 58104
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thezoo@redriverzoo.org

2026 Membership Form

Purchaser's Information

Name: _____

2nd Adult (if applicable): _____

Address: _____

Phone: _____

City/State/Zip: _____

Email: _____

Select Membership Category:

- | | |
|--|---|
| <input type="checkbox"/> Individual (\$70) | <input type="checkbox"/> Individual Plus One (\$120) |
| <input type="checkbox"/> Family (\$120) | <input type="checkbox"/> Family Plus One (\$170) |
| <input type="checkbox"/> Grandparent (\$120) | <input type="checkbox"/> Grandparent Plus One (\$170) |
| <input type="checkbox"/> Carousel (\$160) | <input type="checkbox"/> Carousel Plus One (\$210) |
| <input type="checkbox"/> Supporting (\$250) | <input type="checkbox"/> Sustaining (\$500) |
| <input type="checkbox"/> Premier (\$1,000) | |

Number of Children or Grandchildren: _____

Is this membership NEW or a RENEWAL?

Method of Payment:

☐ Cash: \$ _____ ☐ Check # _____ Amount: _____

☐ Credit: _____ - _____ - _____

Expiration: ____/____ CVV Number: _____ Billing Zip Code: _____

Name on Card: _____

Signature: _____

Mail form and payment to: Red River Zoological Society • 4255 23rd Ave S • Fargo, ND 58104 Fax: (701)277-9238

Office Use Only: Date Received: _____ Expiration Date: _____

Processed by: _____ Premiums Sent: _____ Entered: _____