

# Business Partners Membership Form

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening \_\_\_\_\_

Email \_\_\_\_\_

No. of Employees \_\_\_\_\_

## Business Partners Membership is \$250.

*The Zoo relies on our Members to support the Annual Fund for Education.  
Please consider making a contribution. Simply add any amount you wish to  
your Membership payment! Thank you.*

Check made payable to Jacksonville Zoo and Gardens

Charge (choose from below):

American Express

MasterCard

Visa

Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_/\_\_/\_\_

Signature \_\_\_\_\_

*If mailed, please allow 2-3 weeks for processing.*

**Please print and return your application to:  
Jacksonville Zoo and Gardens  
370 Zoo Parkway  
Jacksonville, FL 32218**

**For more information, call 904-757-4463, ext 134,  
Or email [businesspartners@jacksonvillezoo.org](mailto:businesspartners@jacksonvillezoo.org)  
[www.jacksonvillezoo.org](http://www.jacksonvillezoo.org)**