



Membership form 2009

- Join Renew ID # Membership #
 Bermuda Zoological Society (BZS) Atlantic Conservation Partnership (ACP)

Name/address				
ADULT 1				
Surname	First name	Children's names	Under age 19 or in full-time education	
ADULT 2				
Surname	First name	Home phone	Work phone	
Address		Email	Other email	
THIS IS A GIFT FROM				
ID #	Membership #			
Surname	First name	Home phone	Work phone	
Address		Email	Other email	
Membership level (See reverse for membership rates and benefits)				Dues
I wish to make an additional donation to <input type="checkbox"/> BZS or <input type="checkbox"/> ACP Conservation & Education Programmes				Extra gift
				Total
Means of payment				
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque (payable to BZS or ACP) <input type="checkbox"/> Credit/Debit Card (Visa, MasterCard)				
Credit card number:		Expiry date:		
Name on card (print):		Holder's signature:		
Volunteering				
I would like to volunteer with (circle choices): AQUARIUM • ZOO • EDUCATION • MUSEUM • ADMINISTRATION • EVENTS • OTHER				
E-newsletter				
I would like to receive the monthly e-newsletter with information on lectures, special events and other membership activities				
Email address:				



BERMUDA ZOOLOGICAL SOCIETY • ATLANTIC CONSERVATION PARTNERSHIP

Two membership opportunities, one great community asset!

- BZS is a Bermuda registered charity
- ACP is a US 501 (c)(3) charitable organisation. Gifts are deductible for US taxpayers
- ACP membership levels and privileges mirror those of the BZS
- The membership period of both organisations is April 1–March 31 of any year. Renewals received after April 1 are subject to a full year membership fee

To renew

- Mail the form above with your cheque or credit card information to PO Box FL 145, Flatts, FL BX
- Call us at 441/293-2727, ext. 121 for details to pay online or provide us with your credit card information
- Fax the form with your credit card information to 441/293-4014
- Visit the Bermuda Aquarium, Museum & Zoo (BAMZ), leave your form and payment with the cashier

Any questions? Contact the Membership Coordinator at 441/293-2727 ext. 121 or e-mail membership.bzs@gov.bm

There will be a \$5 charge to reprint cards with information errors and to replace lost cards