



Membership form

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

Name/address

ADULT 1
 Last name _____ First name _____ Mr Mrs Ms Other
ADULT 2
 Last name _____ First name _____ Mr Mrs Ms Other
 Mailing address _____
House name/unit #/PO Box

 Street # _____ Street Name _____

 City/Town/Parish _____ State/Postal Code _____ Country _____

Children's names 18 or under or in full-time education

 Home phone _____ Work phone _____
 Cell _____ Fax _____
 Email 1 _____ Email 2 _____

THIS IS A GIFT FROM _____ ID # _____ Membership # _____
 Surname _____ First name _____
 Mailing address _____
House name/unit #/PO Box Street #/Street Name

 City/Town/Parish _____ State/Postal Code _____ Country _____

Home phone _____ Work phone _____
 Cell _____ Fax _____
 Email 1 _____ Email 2 _____
 Please send do not send the renewal notice to me

E-newsletter: To ensure you receive e-newsletters, e-alerts and e-vites, include your email address above

Membership level (See reverse for membership rates and benefits)

Dues

I wish to make an additional donation to BZS or ACP Conservation & Education Programmes

Extra gift

Total

Means of payment

Cash Cheque (payable to BZS or ACP) Credit/Debit Card (Visa, Master)

Credit card number:

Expiry date:

Name on card (print):

Holder's signature:

Volunteering: Must be 14+ years

I would like to volunteer with (circle choices): AQUARIUM • ZOO • EDUCATION • MUSEUM • ADMINISTRATION • EVENTS • OTHER



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

Total

Cash Cheque (payable to BZS or ACP) Credit/Debit Card (Visa, MasterCard)

Credit card number:

Expiry date:

Name on card (print):

Holder's signature:

I would like to volunteer with (circle choices): AQUARIUM • ZOO • EDUCATION • MUSEUM • ADMINISTRATION • EVENTS • OTHER

I would like to receive the monthly e-newsletter with information on lectures, special events and other membership activities

Email address: