



# BERMUDA ZOOLOGICAL SOCIETY

SUPPORT CHARITY FOR BERMUDA AQUARIUM, MUSEUM & ZOO

## Personal Membership Form

☐ Join ☐ Renew ID# \_\_\_\_\_ Membership # \_\_\_\_\_

☐ Bermuda Zoological Society (BZS) ☐ Atlantic Conservation Partnership (ACP)

**For Renewals:** Please keep your current card. You will not be issued a new card unless you upgrade your membership. Your information will be updated in our system and your current card will be scanned at BAMZ front entrance. (You may also renew online at [www.bzs.bm](http://www.bzs.bm)). Renewals received after April 1st are subject to a full year membership fee.

**Note:** There will be a \$5.00 charge to reprint cards with information errors and to replace lost cards.

### Membership Information (please print clearly)

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 \_\_\_\_\_

Parish/Town \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Children's Names (18 and under or in full time education): \_\_\_\_\_

Home Tel \_\_\_\_\_

Work Tel: adult 1 \_\_\_\_\_ adult 2 \_\_\_\_\_

Cell: adult 1 \_\_\_\_\_ adult 2 \_\_\_\_\_

Fax: adult 1 \_\_\_\_\_ adult 2 \_\_\_\_\_

Email: adult 1 \_\_\_\_\_ adult 2 \_\_\_\_\_

To keep up to date with what is going on at BZS/BAMZ and to receive our e-news, e-alerts and e-vites, please provide your email address above.

THIS IS A GIFT FROM: \_\_\_\_\_ BZS ID#: \_\_\_\_\_ MB#: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Parish/Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_ Cell: \_\_\_\_\_

Please ☐ send the renewal notice to me ☐ do not send the renewal notice to me Email: \_\_\_\_\_

Membership Level (see Membership Privileges on page 2 of this form)

Dues \$

I wish to make an additional donation to:

☐ Education Programme

☐ Conservation Research

Extra Gift \$

Total \$

### Means of payment

☐ Credit/Debit Card (Visa, Mastercard)

☐ Cash

☐ Cheque (payable to BZS or ACP)

Credit card number \_\_\_\_\_ Expiry date (mm/yyyy): \_\_\_\_\_

Name on card (print) \_\_\_\_\_ Holder's signature: \_\_\_\_\_

☐ Pay online (renewals only)

- Please send an email to [membership.bzs@gov.bm](mailto:membership.bzs@gov.bm) letting us know you have paid on line.
- For HSBC customers please add us as a payee. Select Bermuda Zoological Society and use your Membership Number and Surname as the "Account" number (no space between name and number).
- Other bank customers: Make an inter-bank transfer to Bermuda Zoological Society account number 010 003432 001 at HSBC. Include your Surname and Membership number.

### To join or renew:

- Mail the form above with your cheque or credit card information to P.O. Box FL 145, Flatts, FL BX; or
- Fax the form with your credit card information to (441) 293-4014; or
- Visit the Bermuda Aquarium, Museum & Zoo (BAMZ), leave your form and payment with the cashier.

Questions? Contact Membership Coordinator at (441) 293-2727 ext. 2121 or email [membership.bzs@gov.bm](mailto:membership.bzs@gov.bm)

### Volunteering – Must be 14+ years

I would like to volunteer with (circle choices):

AQUARIUM • ZOO • EDUCATION • MUSEUM  
ADMINISTRATION • EVENTS • OTHER