

FLAMINGO GARDENS MEMBERSHIP APPLICATION

Mail to Flamingo Gardens, 3750 S Flamingo Road, Davie, FL 33330-1614

E-Mail to Admin@flamingogardens.org or Fax to 954-473-1738

Please check one New Member Renewal Gift

Please Check Membership Category Senior \$50 Student \$50 Individual \$60

Dual \$105 Single Parent Family \$85 Family \$125 Sustaining \$250 Patron \$500

Special - Save 25% Pay for 3 years and get the 4th year FREE!

Membership First Name _____ Last Name _____

Second Adult Member Name (if applicable) _____

Member Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell _____

Email _____

List full names and birth dates of up to 6 children (ages 3-17) included in the membership, if applicable.

Name _____ Birth Date ____/____/____

Name _____ Birth Date ____/____/____

Name _____ Birth Date ____/____/____

Name _____ Birth Date ____/____/____

Gift Memberships: mail to Me Member Print name, address & phone below for gift card.

Total Membership Amount \$ _____

Check/Money Order made payable to Flamingo Gardens. Please do not send cash.

Charge to Visa MasterCard American Express Discover

Credit Card Number _____ Exp Date ____/____/____ CVV _____

Cardholder Name _____ Signature _____

Your membership is good for 12 months from the time you join. When you visit Flamingo Gardens, you may be asked to provide your photo ID with your membership card. Your membership card is non-transferable. Members must accompany their guests. Children must be escorted by an adult. You must present your membership card to receive Gift Shop or Flamingo Café discounts (excludes sale merchandise). Members with groups, field trips or birthday parties do not receive free or discounted admission.