

FLINT RIVER QUARIUM

Yes, I'd like to show my support of the Flint RiverQuarium. Please complete my membership at the following level:

_____ **Individual \$49**

One year admission to the Flint RiverQuarium for one adult plus one guest per visit.

_____ **Family Membership \$79**

One year admission to the Flint RiverQuarium for two adults, four children / grandchildren under 18 and two guests. Two Imagination Theater one-time ticket vouchers.

_____ **Family Adventure Membership \$99**

One year admission to the Flint RiverQuarium for two adults, four children/grandchildren under 18 and 2 guests. Six Imagination Theater one-time vouchers.

_____ **Friend \$199**

One year admission to the Flint RiverQuarium for two adults, four children/grandchildren under 18 and 4 guests. Six Imagination Theater Vouchers. Recognition on donor wall in Lobby. One Family-level membership as a gift.

_____ **Contributor \$349**

One year admission to the Flint RiverQuarium for two adults, four children/grandchildren under 18 and four guests. Six Imagination Theater vouchers. 15% off one facility rental. Recognition on donor wall in Lobby. One Family Adventure-level membership as a gift.

Please fill out this form and mail it to: Flint RiverQuarium 117 Pine Ave. Albany, GA 31701

Name _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Payment Information: Please check the appropriate box.

_____ Enclosed is my check made payable to the Flint RiverQuarium OR

Charge my: _____ Visa _____ MasterCard _____ American Express _____ Discover

Name on Card _____

Card Number _____ Expiration date _____

Signature _____ Amount _____