

Member Information Form

Welcome to the Family!
Get ready for
un-bee-lievable play
and learning!



Cardholder Name #1 _____

Cardholder Name #2 _____

Street Address _____

City _____

State _____

Zip Code _____

Primary Phone Number _____

Alternate Phone Number _____

Email Address _____

1. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	3. Please select your highest level of education: <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Technical College <input type="checkbox"/> Certification Program	4. Please select household income range. <input type="checkbox"/> 0 - \$25,000 <input type="checkbox"/> \$25,000-\$35,000 <input type="checkbox"/> \$35,000-\$45,000 <input type="checkbox"/> \$45,000-\$55,000 <input type="checkbox"/> \$55,000-\$65,000 <input type="checkbox"/> \$65,000-\$75,000 <input type="checkbox"/> \$75,000-\$85,000	<input type="checkbox"/> \$85,000-\$95,000 <input type="checkbox"/> \$95,000-\$110,000 <input type="checkbox"/> \$110,000-\$125,000 <input type="checkbox"/> \$125,000-\$150,000 <input type="checkbox"/> \$150,000+ <input type="checkbox"/> Retired <input type="checkbox"/> Full time student <input type="checkbox"/> Unemployed	5. Please select the age range of your child(ren). Select all that apply. <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6 <input type="checkbox"/> 7-12
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Membership Package

Renewal

Trio \$110

Family \$175

FOR OFFICE USE ONLY:
EMPLOYEE NAME

DATE _____

ENTERED BY _____

DATE _____

Membership Cost

\$ _____

Additional Guest _____ x \$25 Each

Additional Cardholder = \$25

\$ _____

Name _____

Optional Donation

\$ _____

Total: \$ _____

Payment Method: (select one)

Cash

Check # _____

Gift Certificate _____

Visa

MasterCard

American Express

Discover

Card Number _____

Exp. Date _____

Signature _____

Questions?
Call 801-456-5437
x100 or
Stop by the
Admissions Desk.

membership sign up

Membership Correction Form

PLEASE FILL OUT FORM COMPLETELY

Cardholder Name: _____

Membership Type: _____ Expiration Date: _____

Employee Name: _____ Today's Date: _____

Name Change

Reason for Change Spelling Correction Name Change

Current Name(s): _____

Address Correction

Current Address: _____

Current Phone: _____

Current Email: _____

Membership Upgrade

Type of Upgrade	Cost of Change	Amount Received
Add 3rd Cardholder		
Name: _____	\$25	\$ _____
Add Additional Guests	_____ x \$25 each =	\$ _____
Upgrade from Trio Package to Family Package	Cost Difference \$65	\$ _____
	Total Received	\$ _____

Notes _____

Questions?
Call 801-456-5437
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