



Application for Membership

Membership For:

Mr./Mrs./Ms.:

 (Name) First MI Last

Mr./Mrs./Ms.:

 (Name) First MI Last

Address:

If Family Membership:

List children and birth dates (if there are additional children in the household please list on a separate page)

_____/_____/_____
 Name Birthdate

_____/_____/_____
 Name Birthdate

_____/_____/_____
 Name Birthdate

_____/_____/_____
 Name Birthdate

Select a Membership Category:

- Individual\$45
- Senior Individual..... \$35
age 60+
- Dual.....\$70
2 individuals, same household
- Senior Dual.....\$50
2 seniors, age 60+, same household
- Family.....\$100
1 or 2 adults and their children, (ages 3-17), same household
- Family Plus.....\$130
\$100 plus \$30 for additional family member

This is a:

- New Membership
- Membership Renewal
Member # _____

Palau Aquarium

at the Palau International Coral Reef Center
[Http://www.picrc.org](http://www.picrc.org)

This Membership is a Gift From:

Mr./Mrs./Ms.:

 (Name) First MI Last

Mr./Mrs./Ms.:

 (Name) First MI Last

Address: _____

City, State _____ Zip _____

Phone: () _____ () _____

Mail Applications To:

Palau International Coral Reef Center
 (PICRC)
 P.O. Box 7086, Koror, Palau 96940

Phone: (680) 488-6950

Office Use Only:

Card Issued Number: _____

Date: _____