

Date: \_\_\_\_\_  
Primary Household Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Pet Name (If Pet membership): \_\_\_\_\_

Additional Household members (If Family membership):

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Membership Level**

- Pet (\$25)    Individual (\$40)    Family (\$75)  
 Enhanced Individual/Family (\$100)    Supporter (\$250)    Advocate (\$500)

- This membership is a gift! Your name & email: \_\_\_\_\_  
 Renew my membership annually

**Payment**

- Check (*Make payable to Walkway Over the Hudson*)  
 Card:    MasterCard            VISA            AMEX            Discover  
          Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
          Verification Code: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Paid on bridge at pavilion  
          Date & time: \_\_\_\_\_ Ambassador Name: \_\_\_\_\_  
          Indicate pavilion location: EAST WEST    Payment type: CASH    CARD    CHECK