

Membership Application

Yes, I want to be a member!

- ☐ New
☐ Renewal
☐ Gift

For Office Use Only

Date: _____ **Initials:** _____

Cards Given: Y / N **Receipt Given:** Y / N

Notes _____

Member Information

Full name of adult #1

Full name of adult #2

Address

City

State

Zip

Day Telephone #

Evening Telephone #

E-mail address

Membership Level

- ☐ Individual, \$35 ☐ Dual, \$40 ☐ Family, \$50 ☐ Grandparent, \$50
☐ Museum Access Pass (MAP) \$195
☐ Add a Guest, \$15 x _____

Additional Donation \$ _____

Total: \$ _____

- ☐ Visa ☐ Mastercard ☐ Discover ☐ AmEx ☐ Cash ☐ Check - payable to the Botanical Conservatory

Gift Membership

Send Membership Cards to: ☐ Recipient ☐ Gift Giver

Gift Giver's Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ E-Mail _____

Thank you for your support!