



# Membership Form

Please Check Only One:

NEW     RENEWAL     GIFT MEMBERSHIP

Date: \_\_\_\_\_

Named Adult #1: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I. \_\_\_\_\_

Title: (circle) Mrs. / Mr. / Ms. / Miss / Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (circle) home / cell / work ( \_\_\_\_\_ ) \_\_\_\_\_

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

Named Adult #2: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I. \_\_\_\_\_

Title: (circle) Mrs. / Mr. / Ms. / Miss / Other: \_\_\_\_\_

Relationship of Named Adult #2 to Named Adult #1: \_\_\_\_\_

**IF this is a GIFT MEMBERSHIP, who is **PURCHASING** the Gift Membership?**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I. \_\_\_\_\_

Title: (circle) Mrs. / Mr. / Ms. / Miss / Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Please send renewal notice to (circle) Recipient / Myself / Both

Deliver membership to (circle) Recipient / Myself

### Please Select Membership Level:

\_\_\_ **Individual [\$45]** One Named Adult

\_\_\_ **Family [\$75]** Two named adults at the same address and children 18 and under residing in the same household.

\_\_\_ **Grandparent [\$75]** Two named adults at the same address and their grandchildren ages 18 and under.

\_\_\_ **Ambassador [\$125]** Family Level benefits PLUS ONE additional guest per visit accompanied by the Ambassador.

\_\_\_ **Sustainer [\$250]** Family Level benefits PLUS TWO additional guests per visit accompanied by the Sustainer.

\_\_\_ **Best Buds [\$500]** Family Level benefits PLUS FOUR additional guests per visit accompanied by the Best Bud.

\_\_\_ **Perennial Partner [\$1,000]** Family Level benefits PLUS SIX additional guests per visit accompanied by the Partner.

\_\_\_ **Student [\$25]** One student (Ages 16-21 years old)

\_\_\_ **\*Family Dog [\$30 add-on per dog]** An optional benefit for Members; may be added to any valid membership. *\*Must be purchased in person – not available online.*

\_\_\_ **Additional Donation \$** \_\_\_\_\_

**PAYMENT TOTAL \$** \_\_\_\_\_ Payable to 'Wellfield Botanic Gardens' by Check # \_\_\_\_\_ / Cash / Credit Card

Credit Card type (circle) VISA / MC / DISC / AMEX    Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ Exp: \_\_\_\_\_ CCV: \_\_\_\_\_ Billing Zip code if different from above: \_\_\_\_\_

**Front Office:** Staff Initials \_\_\_\_\_ Pymt Received Y/N Altru \_\_\_\_\_ Temp Card(s) Issued \_\_\_\_\_ Order # \_\_\_\_\_

**Back Office:** Data Entry Y/N TY/Card(s) mailed Y/N Complete Y/N Notes: \_\_\_\_\_