



Membership Form

Please Check Only One:

NEW RENEWAL GIFT MEMBERSHIP

Date:

Named Adult #1: LAST: FIRST:

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

Mailing Address:

City: State: Zip Code:

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

Email:

Named Adult #2: LAST: FIRST:

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:

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

Mailing Address:

City: State: Zip Code:

Phone: ( ) Email:

Please Select Membership Level:

- Individual [\$35] One Named Adult
Family [\$60] Two named adults at the same address and children 18 and under residing in the same household.
Grandparent [\$60] Two named adults at the same address and their grandchildren ages 18 and under.
Ambassador [\$100] 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 [\$20] One student (Ages 16-21 years old)
\*Family Dog [\$20 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:
Other Payment Type: Comments:

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: