



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:** _____

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 [\$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: _____

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: _____