

membership



ATLANTA BOTANICAL GARDEN

PRINT THIS FORM, COMPLETE IT AND FAX OR MAIL IT TO THE GARDEN

PHONE
404-591-1539

FAX
404-876-7472

MAIL
Attn: Membership
1345 Piedmont Ave., NE
Atlanta, GA 30309

MEMBERSHIP RECIPIENT

MEMBER 1: DR./MR./MRS./MS./MISS

MEMBER 2: DR./MR./MRS./MS./MISS

ADDRESS

CITY

STATE

ZIP

HOME PHONE ()

WORK PHONE ()

EMAIL ADDRESS

Please select a level of membership from the following:

- \$55 INDIVIDUAL \$75 DUAL \$90 FAMILY
 \$110 FAMILY PLUS \$150 CONTRIBUTING \$300 SUPPORTING
 \$500 DONOR \$1,000 DIRECTOR'S CLUB
 \$2,500 ARBOR CIRCLE \$5,000 MAGNOLIA CIRCLE \$10,000 ORCHID CIRCLE

I would also like to join the Garden Associates, in addition to my membership

- \$50 GARDEN ASSOCIATE

IS THIS A GIFT MEMBERSHIP? (If yes, please fill out the information below)

THIS GIFT MEMBERSHIP IS FROM:

ARE YOU CURRENTLY A MEMBER? NO YES MEMBER ID:

ADDRESS

CITY

STATE

ZIP

HOME PHONE ()

WORK PHONE ()

EMAIL ADDRESS

MESSAGE ON GIFT CARD

FORM OF PAYMENT

- CHECK PAYABLE TO THE ATLANTA BOTANICAL GARDEN VISA MC AMEX

Name on Card _____

Credit Card # _____ Exp. Date _____

MEMBERSHIP(S) \$ _____

THE GARDEN ASSOCIATES \$ _____

TOTAL \$ _____