



Membership Enrollment Form

Member Information

MR. MRS. MS. MISS

MEMBER(S) _____
(SECOND NAME FOR FAMILY LEVEL AND ABOVE)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE (DAY) _____ PHONE (EVE.) _____

This is a Gift Membership from

FOR GIFT MEMBERSHIPS ONLY

MR. MRS. MS. MISS

NAME(S) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE (DAY) _____ PHONE (EVE.) _____

Membership Type

NEW RENEWAL (MEMBER ID # _____) GIFT UPGRADE

- INDIVIDUAL (\$50; SENIOR \$45) SPONSOR (\$325)
- FAMILY/DUAL (\$85; SENIOR \$80) PATRON (\$550)
- FAMILY/DUAL PLUS (\$100) PRESIDENT'S CIRCLE (\$1,500)
- SIGNATURE (\$175) SUBSCRIBER (\$25; INTERNATIONAL \$35)

Payment

MEMBERSHIP AMOUNT

CREDIT TODAY'S ADMISSION

TOTAL AMOUNT TO BE PAID

CASH CHECK PAYABLE TO **BROOKLYN BOTANIC GARDEN**

VISA MC AmEx CARD # _____ EXP _____ / _____

SIGNATURE _____ TODAY'S DATE _____

STAFF/VOLUNTEER SIGNATURE _____ LOCATION _____

WHITE—Business Office YELLOW—Membership Office PINK—Member's Copy

BROOKLYN BOTANIC GARDEN • 1000 Washington Avenue, Brooklyn, NY 11225 • Tel 718-623-7210 • Fax 718-857-2430

