



Membership Application

Recipient

PLEASE PRINT

New
 Renewal (Member Number: _____)
 Gift
 Change of Address

Name (Mr./Mrs./Ms./Dr.): _____

Second Name (Mr./Mrs./Ms./Dr.): _____

Address: _____

City, State and Zip: _____

Phone: _____ E-mail Address: _____

Membership Categories

\$50 Student/Teacher
 \$55 Senior
 \$60 Individual
 \$85 Family
 \$175 Garden Sustainer
 \$325 Garden Sponsor

2-Year with 10% Discount

\$90 Student/Teacher
 \$99 Senior
 \$108 Individual
 \$153 Family
 \$315 Garden Sustainer
 \$585 Garden Sponsor

Arboretum Benefactor

\$500 Tule Pond

\$1,000 Meadowbrook

\$3,000 Tallac Knoll

\$5,000 Baldwin Circle

\$ 10,000 Engelmann Oak

\$25,000 Queen Anne Cottage

This Membership is a gift from:

Member? Yes No

Member ID: _____

Name (Mr./Mrs./Ms./Dr.): _____

Address: _____

City, State and Zip: _____

Phone: _____ E-mail Address: _____

Mail Membership packet to: Gift Recipient Me

Payment Options

Additional Donation: \$ _____

(Less) Admission receipt/other: \$ _____

Total Payment: \$ _____

Check # _____, payable to *Los Angeles Arboretum Foundation (LAAF)*

Visa
 AMEX
 Mastercard
 Discover
 Cash

Credit Card # _____ Exp. Date: ____/____/____ CVV: _____

Signature: _____ Date: _____