



Membership Application

Recipient

PLEASE PRINT

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

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

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

Relationship: _____

Address: _____

City, State and Zip: _____

Phone: _____ E-mail Address: _____

Arboretum Membership Categories

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> \$50 Student/Teacher | <input type="checkbox"/> \$55 Senior(s) | <input type="checkbox"/> \$60 Individual | <input type="checkbox"/> \$85 Family |
| <input type="checkbox"/> \$175 Garden Sustainer | <input type="checkbox"/> \$325 Garden Sponsor | <input type="checkbox"/> \$500 Arboretum Benefactor | |

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
 Mastercard
 Discover
 AMEX

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

Name on Credit Card: _____ Signature: _____ Date: _____