



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

- \$55 Senior(s) \$60 Individual \$85 Family
 \$175 Garden Sustainer \$325 Garden Sponsor \$500 Tule Pond 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: _____