



Join or Renew

Today's date (mm/dd/yy)

New Renew Gift Membership

MEMBER INFORMATION

For gift memberships provide the **recipient's** information.

Mr./Mrs./Ms./Dr. _____

First member's name as appears on photo ID

Mr./Mrs./Ms./Dr. _____

Second member's name as appears on photo ID

Mr./Mrs./Ms./Dr. _____

Optional third cardholder's name as appears on photo ID

Address _____ Apt _____

City _____ State _____ Zip _____

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Home phone Business or Cell phone

E-mail address _____

San Diego Botanic Garden respects your privacy and will not share your phone or e-mail address with other organizations.

No. of children under 18 _____ Ages: _____

- I prefer to read *Quail Tracks* newsletter online.
- Please send *Quail Tracks* newsletter in the mail.
- Do not share my mailing address with other organizations.

GIFT MEMBERSHIP

Please provide the gift **giver's/purchaser's** information.

Mr./Mrs./Ms./Dr. _____

Giver's name(s) _____

Address _____ Apt _____

City _____ State _____ Zip _____

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Home phone Business or Cell phone

E-mail address _____

Please send renewal notices to the gift recipient giver
Mail membership cards and packet to recipient giver

MEMBERSHIP LEVEL

Basic Memberships	1 yr.	2 yrs.
Family/Dual	<input type="checkbox"/> \$75	<input type="checkbox"/> \$140
Individual	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90

Contributing Memberships

Larabee Society

<input type="checkbox"/> Steward	\$125
<input type="checkbox"/> Patron	\$250
<input type="checkbox"/> Fellow	\$500

Benefactor Society

<input type="checkbox"/> Dragon Tree	\$1,000
<input type="checkbox"/> Cork Oak	\$2,500
<input type="checkbox"/> Sapphire Tower	\$5,000
<input type="checkbox"/> Torrey Pine	\$10,000

SUMMARY OF SUPPORT

Membership contribution	\$ _____
<input type="checkbox"/> Senior <input type="checkbox"/> Student <input type="checkbox"/> Military \$10 discount	\$(_____)
<input type="checkbox"/> Optional third card \$40	\$ _____
<input type="checkbox"/> <i>Pacific Horticulture</i> subscription \$22	\$ _____
<input type="checkbox"/> Annual Fund Contribution: I am pleased to supplement my membership with a tax-deductible contribution of	\$ _____

Total amount enclosed \$ _____

I will apply for a matching gift from my employer.

PAYMENT METHOD

- Cash (do not mail cash)
- Check (payable to San Diego Botanic Garden)
- Visa MasterCard Discover American Express

Account number _____ Expiration Date _____

Signature _____

Please charge my Larabee or Benefactor Society membership gift in equal payments: monthly quarterly.



Join online at www.SDBGarden.org
or mail your application to:
San Diego Botanic Garden, PO Box 230005
Encinitas, CA 92023-0005