Membership Application for New/Renewal/Gift Membership

Payment Information

\_\_\_\_\_Visa \_\_\_\_\_MasterCard \_\_\_\_\_Check \_\_\_\_\_Cash

Cardholder Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip Code\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Total $\_\_\_\_\_\_\_\_\_\_\_\_ Gift Membership Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Humboldt Botanical Gardens Foundation is a not for profit 501 (c)(3) public benefit corporation. Tax I.D.# 68-0243631. Contributions are tax deductible to the extent allowed by law.*

Complete the form and return it along with payment information to:

Humboldt Botanical Gardens Foundation

P.O. Box 6117 Eureka, CA 95502-6117

Phone: 707-442-5139

Annual Membership Rates

*Please mark Selections with Quantity*

\_\_\_\_\_Dog\* $30

\_\_\_\_\_Student $20

\_\_\_\_\_Senior $35

\_\_\_\_\_Senior Family $70

\_\_\_\_\_Individual $50

\_\_\_\_\_Family $75

\_\_\_\_\_Non-Profit Organization $100

\_\_\_\_\_Patron $125

\_\_\_\_\_Business Organization $250

\_\_\_\_\_Groundskeeper $500

\*Owner must also be a current member

How did you hear about HBGF?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_New Membership

\_\_\_\_\_Renewal Membership

\_\_\_\_\_Gift Membership

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gift Recipient’s Information

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_