



Join or Renew

Today's date (mm/dd/yy) _____

New Renew Re-Join Gift

MEMBERSHIP LEVEL

Basic Memberships

	1 yr.	2 yrs.
Family/Dual	<input type="checkbox"/> \$85	<input type="checkbox"/> \$160
Individual	<input type="checkbox"/> \$55	<input type="checkbox"/> \$100

Premier Level Memberships

Larabee Society

- Steward \$150 - \$299
- Patron \$300 - \$599
- Fellow \$600 - \$1,199

Benefactor Society

- Dragon Tree \$1,200
- Cork Oak \$2,500
- Sapphire Tower \$5,000
- Torrey Pine \$10,000

MEMBER INFORMATION (* are required fields)

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

*Primary Card Member: name as appears on photo ID _____

*Primary Card Member – Birth Year _____

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

*Secondary Card Member: name as appears on photo ID _____

*Secondary Card Member – Birth Year _____

Dr./Mr./Mrs./Ms. _____ add \$40.00 per year

Additional adult card name Caregiver Adult household member _____

*Address _____ Apt _____

*City _____ State _____ Zip _____

* Home phone _____ Cell phone / Business phone _____

*E-mail address _____

No. of children/grandchildren _____
Under 18: _____ Ages: _____

- I prefer to read *Quail Tracks* newsletter online.
- Please send *Quail Tracks* newsletter in the mail.

San Diego Botanic Garden respects your privacy and will not share your contact information with other organizations.

GIFT MEMBERSHIP (* are required fields)

Provide the **recipient's** information in the "Member Information" section. Provide the **gift giver's/purchaser's** information below.

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

*Gift Giver's name(s) _____

*Address _____ Apt _____

*City _____ State _____ Zip _____

* Home phone _____ Cell phone / Business phone _____

*E-mail address _____

Please send renewal notices to the gift recipient giver

Mail membership cards and packet to recipient giver

Gift Message: _____

SUMMARY OF SUPPORT

Membership contribution \$ _____

Senior Student Military discount \$(_____)

One \$10 discount per year of Basic Level membership.

Additional adult card, add \$40 per year \$ _____

Admission's Credit \$(_____)

Additional Annual Fund Contribution \$ _____

Other \$ _____

Total amount enclosed \$ _____

PAYMENT METHOD

Cash (do not mail cash)

Check (payable to San Diego Botanic Garden)

Visa MasterCard Discover American Express

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

Account number _____

Security Code _____ Expiration Date _____

Signature _____

Join online at SDBGarden.org or
mail your application to:

San Diego Botanic Garden
PO Box 230005, Encinitas, CA 92023-0005

FOR OFFICE USE

SDBG Representative: _____

Event: _____

Notes: _____