Join or Renew

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

❏ **New** ❏ **Renew** ❏ **Gift Membership**

MEMBERSHIP LEVEL

Basic Memberships	1 yr.	2 yrs.
Family/Dual	❏ $85	❏ $160
Individual	❏ $55	❏ $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

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

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

Card one: name as appears on photo ID

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

Card two: name as appears on photo ID

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

Additional adult card name ❏ Caregiver ❏ Adult household member

Address _____ Apt _____

City _____ State _____ Zip _____

❏ 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 _____

❏ 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

Gift Message: _____

SUMMARY OF SUPPORT

Membership contribution	$_____
❏ Senior ❏ Student ❏ Military	$(_____)
One $10 discount per year of Basic Level membership.	
❏ Additional adult card, add $40 per year	$_____
❏ *Pacific Horticulture* subscription, add $24	$_____
❏ 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

Account number _____

Security Code _____ Expiration Date _____

Signature _____

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

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: _____