



Membership Application

Recipient

PLEASE PRINT

New
 Renewal (Member Number: _____)
 Gift
 Change of Address

Name:

Second Name:

Relationship:

Address:

Apt:

City, State and Zip:

Phone:

E-mail Address:

Arboretum Membership Categories

\$65 Senior(s)

\$70 Individual

\$95 Family

\$195 Garden Sustainer

\$375 Garden Sponsor

\$750 Tule Pond Benefactor

This Membership is a gift from:

Member? Yes No

Name:

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: \$ _____

Please sign me up for automatic renewal using my credit card information below.

Check # _____, payable to *Los Angeles Arboretum Foundation (LAAF)*

Visa

Mastercard

Discover

AMEX

Credit Card # _____

Exp. Date: ____/____

CVV: _____

Name on Credit Card: _____

Signature: _____

Date: _____