



MEMBERSHIP APPLICATION

New membership Renewal membership Gift membership

How did you hear about us? _____

Support the Arboretum through a FOTA Membership!

\$35 Individual \$100 Patron \$500 Sustaining

\$50 Family \$250 Contributor \$1000 Fellow

Membership(s) \$ _____

Gift Membership(s) \$ _____

Additional Gift to Support the Arboretum \$ _____

TOTAL CONTRIBUTIONS \$ _____

METHOD OF PAYMENT (check one)

Check (payable to Friends of the Arboretum)

Credit Card MasterCard Visa

Name on Card (please print) _____

Card Number _____ Exp. Date _____

Signature _____

Please send information on: Volunteer Opportunities Gifting

PERSON(S) BECOMING MEMBER OR GIVING GIFT MEMBERSHIP

Print name(s) clearly. Indicate two names for family level membership and above if appropriate.

Name#1 _____

Name#2 _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail Address _____

PERSON(S) RECEIVING GIFT MEMBERSHIP

Print name(s) clearly. Indicate two names for family level membership and above if appropriate.

Name#1_____

Name#2_____

Address_____

City _____ State _____ Zip _____

Phone_____

E-mail Address_____