

NON-PROFIT MEMBERSHIP APPLICATION

Organization Name _____
(Please print organization's name exactly as you wish it to appear in the annual report)

Contact Name _____

Contact Title/ Position _____

Address _____ Suite _____

City _____ State _____ Zip _____

Email * _____ Phone _____

*(Please include email in order to receive monthly updates
& announcements on Arboretum events)

Non-Profit Membership Levels _____

- | | | | |
|---|--------------|--|--------------|
| <input type="checkbox"/> HARDY FERN GARDEN | \$100 | <input type="checkbox"/> HERB GARDEN | \$250 |
| <input type="checkbox"/> MEADOW GARDEN | \$150 | <input type="checkbox"/> COTTAGE GARDEN | \$500 |

Company Name as it appears above will be printed on each membership card unless specified below otherwise.

Membership Card Name _____

PAYMENT INFORMATION *(Please make checks payable to The Morris Arboretum.)*

Membership Dues Payment \$ _____

We have enclosed an additional Morris Arboretum Annual Fund gift \$ _____ *(fully tax-deductible)*

Total Amount Enclosed \$ _____

Form of payment: ☐ Check ☐ Visa ☐ MasterCard

Name on Card: *(please print)* _____

Signature: _____

Credit Card Number: _____ Expiration Date: ____ / ____
(month/year)

For business credit cards, please include the three-digit security code *(on reverse side of card)*: ____