



**MEMBERSHIP INFORMATION**

*Please write legibly. Fields in bold are required. The Garden does not share member information with any other party.*

**Category:**  Individual  Family  Grandparent  Affiliate  Friend  Fellow  Patron  Ambassador

**Length of Membership:**  One year  2 Years  3 Years

**Adult Cardholder 1 (all levels)**

**Adult Cardholder 2 (all levels except Individual)**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Please list the names and birthdates of your children or grandchildren who are under the age of 18:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The *Columns* newsletter is now being delivered by e-mail. Please check here if you must receive a paper copy.

**E-mail:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

I do NOT want this email added to the HBG E-Letter.

I do NOT want this email added to the HBG E-Letter.

Please tell me about volunteer opportunities.

Please tell me about volunteer opportunities.

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Preferred contact phone number:** \_\_\_\_\_ **Type:**  Home  Office  Cell

**USE THIS SECTION TO PURCHASE A GIFT MEMBERSHIP**

**Recipient Information**

**Gift Giver Information (if different from above)**

**Name (s)** \_\_\_\_\_

**Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Are you a Garden Member?** Yes  No

**Category of Membership:** \_\_\_\_\_ **Send membership packet to:**  Recipient  Gift giver  
**When should we mail?**  Now  After this date: \_\_\_\_\_

**Special message to include on membership letter:** \_\_\_\_\_

**DONATION INFORMATION**

Senior Citizens (age 55+) along with active and retired military personnel may receive a \$5 discount on the membership level of their choice. (Only one discount per membership please.)

Eligible for \$5.00 Senior or Military discount.

**Mail completed form to:**

Huntsville Botanical Garden  
4747 Bob Wallace Ave  
Huntsville AL 35805

Check Amount \$ \_\_\_\_\_

Visa or MasterCard Amount to charge \$ \_\_\_\_\_

Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_