



**MEMBERSHIP INFORMATION**

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

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

**Category:**  Individual  Family  Grandparent  Affiliate  Friend  Fellow  Patron  Ambassador  
**Adult Cardholder 1 (all levels)** **Adult Cardholder 2 (all levels except Individual)**

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

**Membership Plus One Adult Cardholder 3:** \_\_\_\_\_

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

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

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

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

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

**E-mail address(es):** \_\_\_\_\_

Please tell me about volunteer opportunities.

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

**Recipient Information**

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

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

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

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

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

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

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

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

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

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

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 Senior/Military discount

**Mail completed form to:**

Huntsville Botanical Garden  
4747 Bob Wallace Ave  
Huntsville AL 35805

Check Amount \$ \_\_\_\_\_  
 Visa, MasterCard, or Discover Amount to charge \$ \_\_\_\_\_  
Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_