National Tropical Botanical Garden

Membership Form

1 Select Your Membership

- ☐ $90 Individual
- ☐ $145 Dual
- ☐ $250 Family
- ☐ $500 Sponsoring
- ☐ $1,500 Fellow

2 Member Information *(The person who will hold the membership)*

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other: _____

First Name _____ Last Name _____

Second Adult Name *(if applicable)* _____

Preferred Listing Name *(e.g., John and Jane)* _____

☐ I prefer to remain anonymous.

Email _____ Phone _____

Mailing Address _____

City _____ State _____ ZIP Code _____

3 Automatic Renewal

- ☐ Yes, renew automatically each year.
- ☐ No, not at this time.

4 Additional Gift *(Optional)*

☐ I'd like to make an additional tax-deductible gift: $ _____

5 Payment Details

Total Amount: $ _____ *(Membership + additional gift, if applicable)*

- ☐ Check enclosed *(payable to the National Tropical Botanical Garden)*
- ☐ Credit card

Card number _____ Expiration _____ CVV _____

Billing Address *(if different from mailing address)* _____

City _____ State _____ ZIP Code _____

Signature _____ Date _____

For gift memberships, memberships on behalf of an organization, or dedications, please complete page 2.

National Tropical Botanical Garden

Additional Details

Complete only the sections that apply.

6 Gift Membership *(Optional)*

☐ This is a gift membership for someone else.

Gift Giver Information *(The person purchasing the gift)*

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other: _____

First Name _____ Last Name _____

Preferred Listing Name *(e.g., John and Jane)* _____

☐ I prefer to remain anonymous.

Email _____ Phone _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Gift Delivery Preferences *(Select one)*

☐ Send membership details directly to the recipient.

☐ Send membership details to me so I can personally present the gift.

Preferred Membership Start Date: _____

If presenting the gift personally, we will not contact the recipient before this date.

Gift Message *(optional)* _____

7 On Behalf of an Organization *(Optional)*

☐ This membership is on behalf of an organization.

Organization Name _____

8 Dedication *(Optional)*

This membership is made: ☐ in honor of ☐ in memory of

Honoree Name _____

Thank you for being part of our mission to conserve tropical plants and the places they call home!