

Membership Application

Please print clearly.

Name 1 _____

Name 2 _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

Cell (____) _____

E-Mail _____

This is a gift membership from:

Name _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

Cell (____) _____

E-Mail _____

Message _____

Membership Level *(please choose one)*

- Saguaro.....\$1,000
- Ocotillo.....\$500
- Agave.....\$250
- Cholla.....\$100
- Family Plus.....\$85
- Yucca.....\$60
- Basic Plus.....\$45
- Basic.....\$35

Payment Method

- Cash (please do not send cash in the mail)
- Check (made payable to Tucson Botanical Gardens)
- Visa
- Mastercard
- Discover

Card # _____

Exp. Date ____/____

Amount to charge \$ _____

Name as it appears on card

Signature

Thank You!

Print and complete this form,
then mail to:

Tucson Botanical Gardens
Office of Member Services
2150 N. Alvernon Way
Tucson, AZ 85712

For more information:

(520) 326-9686, Ext. 13
membership@tucsonbotanical.org