

HUMBOLDT BOTANICAL GARDENS FOUNDATION

Membership Application for New/Renewal/Gift Membership

New Membership
 Renewal Membership
 Gift Membership

Name _____
—
Address _____
City/State/Zip _____
—
Phone _____
Email _____

Gift Recipient's Information
Name _____
—
Address _____
City/State/Zip _____

Phone _____
Email _____

Complete the form and return it along with
payment information to:

Humboldt Botanical Gardens Foundation
P.O. Box 6117 Eureka, CA 95502-6117
Phone: 707-442-5139

How did you hear about HBGF?

Annual Membership Rates
Please mark Selections with Quantity

___ Dog* \$30
___ Student \$20
___ Senior \$35
___ Senior Family \$70
___ Individual \$50
___ Family \$75
___ Non-Profit Organization \$100
___ Patron \$125
___ Business Organization \$250
___ Groundskeeper \$500

*Owner must also be a current member

Payment Information
___ Visa ___ MasterCard ___ Check ___ Cash

Cardholder Name _____
Card Number _____
Expiration Date _____ CVV# _____ Billing Zip Code _____
Signature _____
Membership Total \$ _____ Gift Membership Total \$ _____

The Humboldt Botanical Gardens Foundation is a not for profit 501 (c)(3) public benefit corporation. Tax I.D.# 68-0243631. Contributions are tax deductible to the extent allowed by law.