



www.hsvbg.org
MEMBER TODAY!

BECOME A

*Student	Individual	Family	Grandparent	Plus One	Affiliate	Friend	Fellow	Patron	Ambassador	Benefits of Membership
\$30	\$45	\$85	\$85	\$115	\$125	\$175	\$250	\$500	\$1000	1 year membership
\$55	\$85	\$165	\$165	\$225	\$245	\$345	\$495	\$995	\$1995	2 year membership - Save \$5
\$80	\$125	\$245	\$245	\$335	\$365	\$515	\$740	\$1490	\$2990	3 year membership – Best Value!
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Free admission to the Huntsville Botanical Garden
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Tax deductible
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Admission for children/grandchildren under 18
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Reciprocal Admission to over 300 AHS gardens
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Invitations to Members Only events
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Eligible for membership in the Garden Guild
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Discounts on educational programs
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10% discount in the Shoppe at the Garden
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Discounts on Galaxy of Lights (advance purchase only)
					✓	✓	✓	✓	✓	Recognition in <i>The Columns</i>
					4	8	12	12	12	Number of one-day admission passes (per year)
						✓	✓	✓	✓	Private garden tour (by appointment)
							✓	✓	✓	Discounts on facility rentals
							✓	✓	✓	Subscription to <i>Fine Gardening</i> magazine
								✓	✓	One free at-home garden consultation
								2	4	Number of annual guest passes
									✓	Membership in L'Espalier Society

***Must present current Student I. D. for new memberships or renewals.**

AHS RECIPROCAL ADMISSION PROGRAM: Members from the Huntsville Botanical Garden may show their active membership card at the admission area or gift shop of any garden, arboretum, or conservatory listed in the AHS brochure or on its website. If the facility charges an entrance fee, then your member benefit will be free admission. If the facility does not charge admission, then the benefit will be whatever is listed. Each membership card will admit the individual whose name is listed on the card. In the case of family, grandparent, or higher level memberships, the garden will extend the benefits to at least two of the members. Please contact the garden you plan to visit to verify hours of operation, confirm admission policy, and get the latest updates on programs and other information.

COMPANY MATCHING GIFTS: Many businesses will match your contribution to a non-profit organization, making your support all the more significant. Please check with your employer for a form and details.

MEMBERSHIP INFORMATION

Please print 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: Student Individual Family Grandparent Member Plus One Affiliate Friend
 Fellow Patron Ambassador

Adult Cardholder 1 (all levels)

Name: _____

Employer: _____

Adult Cardholder 2 (all levels except Individual)

Name: _____

Employer: _____

Membership Plus One Adult Cardholder 3: _____

Employer: _____

Mailing Address: _____

City/State/Zip: _____

Preferred contact phone number: _____ Type: Home Office Cell

E-mail address(es): _____

Please tell me about volunteer opportunities.

Yes I would like to receive my newsletter digitally.

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

Send renewal to: Recipient Gift giver Both

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

Check Amount \$ _____

Visa, MasterCard, or Discover Amount to charge \$ _____

Card number _____ - _____ - _____ - _____

Expiration Date _____

Print Name on Credit Card _____

Mail completed form to:

Huntsville Botanical Garden

4747 Bob Wallace Ave

Huntsville AL 35805