



Membership Form

Please fill out your membership level and contact information.

I wish to join at the following level:

<input type="checkbox"/> Individual/Senior (\$35/30)	<input type="checkbox"/> Dual/Dual Senior (\$50/45)	<input type="checkbox"/> Family (\$60)
<input type="checkbox"/> Supporting (\$100)	<input type="checkbox"/> Friend (\$250)	<input type="checkbox"/> Patron (\$500)
<input type="checkbox"/> Organizational (\$200)	<input type="checkbox"/> Director's Circle (\$1,000)	

Mr./Mrs./Ms. First Name Middle Initial Last Name

Street Address Apartment

City State Zip

Phone E-mail

Credit card payment: American Express MasterCard VISA

Account # _____ **EXP date** _____

Name as it appears on card _____ Signature _____

I have enclosed my employer's matching gift form.

Please mail this form with your payment
to:

Membership
Queens Botanical Garden
43-50 Main Street
Flushing, NY 11355

Questions?
Call 718.886.3800 ext. 202

Thank you for becoming a QBG member!

Your membership will be in the mail within 7 business days of receipt of your payment.