



## Membership Request

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"/> Life (\$5,000)		

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First Name	Last Name	Middle Initial
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Street Address	Apartment
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City	State	Zip
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Phone	E-mail
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Please mail this form with your check made payable to *Queens Botanical Garden* to:

Questions?  
Call 718.886.3800 ext. 213

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

**Thank you for becoming a QBG member!**

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