



Membership Form

Please fill out your membership level and contact information.

I wish to join at the following level:

<input type="checkbox"/> Individual: \$50	<input type="checkbox"/> Individual Senior/62+: \$45	<input type="checkbox"/> Dual: \$70	<input type="checkbox"/> Dual Senior/62+: \$65
<input type="checkbox"/> Family: \$85	<input type="checkbox"/> Supporting: \$150	<input type="checkbox"/> Friend: \$350	<input type="checkbox"/> Patron: \$750
<input type="checkbox"/> Director's Circle: \$1,000	Corporate Memberships: Call 718-886-3800, x. 213		

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 packet will be mailed within 2-3 weeks of receipt of your payment.