



CHICAGO BOTANIC GARDEN

BUSINESS ASSOCIATE MEMBERSHIP APPLICATION

Please mail completed form to Chicago Botanic Garden, 1000 Lake Cook Road, Glencoe IL 60022

IF RENEWING, MEMBER ID NUMBER (6 digits): [input field]

Membership Level

- checkbox \$250/year Business Associate (up to 10 employees)
checkbox \$500/year Business Associate (more than 10 employees)

Payment Information

- checkbox MasterCard checkbox Visa checkbox Discover checkbox American Express checkbox Check (payable to Chicago Botanic Garden)

Card Number Expiration Date Security Code

Name on Card Cardholder Signature

Member Information (Please Print)

COMPANY

COMPANY CONTACT (please print) SEND MAIL/CONTACT ME AT: checkbox HOME checkbox WORK

ADDRESS

CITY STATE ZIP

E-MAIL ADDRESS PHONE

- checkbox I would like to receive renewal notices via e-mail.
checkbox I would like to receive Garden updates via e-mail.

Total Membership \$ [input field]
Additional Contribution \$ [input field]
Total Amount Paid \$ [input field]