



CHICAGO BOTANIC GARDEN

MEMBERSHIP APPLICATION

Please mail completed form to: Chicago Botanic Garden, 1000 Lake Cook Road, Glencoe IL 60022
Or fax to Member and Donor Services at: (847) 835-8923.

Membership Level	Price	
Garden Membership (individual)	<input type="checkbox"/> 2 years at \$180	<input type="checkbox"/> 1 year at \$95
Garden Plus Membership (household)	<input type="checkbox"/> 2 years at \$240	<input type="checkbox"/> 1 year at \$125
National Membership <i>(Requires residence 75 miles+ from Chicago Botanic Garden)</i>		<input type="checkbox"/> Garden \$72 <input type="checkbox"/> Garden Plus \$96
Director's Circle		<input type="checkbox"/> 1 year at \$250 <input type="checkbox"/> 1 year at \$1,000
President's Circle		<input type="checkbox"/> \$1,500
Educator Membership	<input type="checkbox"/> 2 years at \$180	<input type="checkbox"/> 1 year at \$95
Educator Plus Membership		<input type="checkbox"/> 1 year at \$125

Payment Information	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Check (payable to Chicago Botanic Garden)	
Card Number	Expiration Date
Name on Card	Cardholder Signature

New Member Information (Please Print)		
NAME (please print)		PHONE (in case we need to contact you about your order)
ADDRESS		
CITY	STATE	ZIP
<input type="checkbox"/> I have enclosed my company's matching gift form so my membership gift will help the Garden.		

Welcome, new members!

Please enjoy choosing your free gift when you visit the Garden. Your free gift voucher will be sent with your membership packet.



Total Membership \$	<input type="text"/>
Additional Contribution \$	<input type="text"/>
Total Amount Paid \$	<input type="text"/>