

Friends of Lockerly Membership Application

MEMBERSHIP RECIPIENT (complete with personal information or gift recipient's information)

Member 1: DR. / MR. / MRS. / MS. / MISS _____

Member 2: DR. / MR. / MRS. / MS. / MISS _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

EMAIL ADDRESS: _____

PLEASE SELECT A LEVEL OF MEMBERSHIP FROM THE FOLLOWING:

- | | | |
|--|---|--|
| <input type="checkbox"/> \$25 Camellia
(Senior, 60 years) | <input type="checkbox"/> \$30 Hydrangea
(Individual) | <input type="checkbox"/> \$50 Holly
(Household) |
| <input type="checkbox"/> \$100 Azalea | <input type="checkbox"/> \$250 Boxwood | <input type="checkbox"/> \$500 Dogwood |
| <input type="checkbox"/> \$1,000 Southern Red Oak | <input type="checkbox"/> \$2,500 Tulip Poplar | <input type="checkbox"/> \$5,000 Magnolia |

IS THE RECIPIENT CURRENTLY A MEMBER? (select one) No Yes

IS THIS A GIFT MEMBERSHIP? No Yes (If yes, fill out the information below)

THIS GIFT MEMBERSHIP IS FROM: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

EMAIL ADDRESS: _____

MESSAGE ON GIFT CARD: _____

I would like to receive correspondence concerning other giving opportunities in support of Lockerly Arboretum programs, special projects and the annual fund. (select one)

No Yes

FORM OF PAYMENT

- Cash Check payable to Lockerly Arboretum VISA MC

Name on Card: _____

Credit Card #: _____ CID Number: _____ Exp. Date: _____

Mail Completed form to:
Lockerly Arboretum
P.O. Box 310
Milledgeville, GA 31059

Friends of Lockerly membership is for one year. Annual renewal letters will be mailed to each member prior to expiration date that it is time for membership renewal.