

# 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<br>(Individual) | <input type="checkbox"/> \$50 Holly<br>(Household) | <input type="checkbox"/> \$100 Azalea             |
| <input type="checkbox"/> \$250 Dogwood                 | <input type="checkbox"/> \$500 Boxwood             | <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.**