



Membership Form

My membership is ____NEW or a ____RENEWAL (Check one)

Select the Membership Level you prefer:

- | | | | |
|------------------------------|-------|---------------------------------|-------|
| * Individual (\$35- \$49/Yr) | _____ | Business (\$200 or more/Yr) | _____ |
| * Family. (\$50 - \$124/Yr) | _____ | Benefactor (\$500 - \$2,499/Yr) | _____ |
| Enhanced (\$125 - \$499/Yr) | _____ | Lifetime (\$2500/in one year) | _____ |

* Eligible for 10% discount

Take 10% off an Individual or Family membership if you are a full-time educator, student, senior citizen, or active or retired military personnel.

MEMBER INFORMATION: (PLEASE PRINT)

NAME(S): (Only one name if individual membership)

First Name _____ Last Name _____

First Name _____ Last Name _____

(If this is a Business membership, please enclose or forward a business card)

Street: _____

City/Town _____ State _____ ZIP _____

Phone Number: _____

EMAIL (Please provide your email to allow us to contact you more easily):

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PAYMENT INFORMATION:

Check: (Payable to Landis Arboretum) Check # _____ Date _____

Credit Card: Card # _____ Security code _____ Exp. Date _____

Mail to: Landis Arboretum PO Box 186 Esperance, NY 12066

You can also join online using PayPal (small administrative fee) at landisarboretum.org (Click on “Join” in the dropdown menu).

Questions? Call the office at (518) 875-6935 or email info@landisarboretum.org