Membership Form

My membership is a _____**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.

If you have been given a gift membership, provide information here:

Gift _____ Date Received: _____

From: _____

MEMBER INFORMATION: (PLEASE PRINT)

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

First Name _____ Last Name _____

First Name _____ Last Name _____

Street: _____

City/Town _____ State _____ ZIP _____

Phone Number: _____

EMAIL:

PAYMENT INFORMATION:

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

Credit Card: Card Number _____ CCV _____ Exp. Date _____

Pay Pal: Complete online at: landisarboretum.org. (Click on "Join")

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

Questions? Call the office at (518) 875-6935