

# Membership Form

## Member Profile



LAST NAME			
FIRST NAME			
ADDRESS			
CITY		STATE	ZIP
TELEPHONE:	WORK	HOME	CELL
REFERRED BY			
EMAIL			
MEMBERSHIP LEVEL:			
<input type="checkbox"/> BEE HIVE (\$35) <input type="checkbox"/> BEE HIVE FAMILY (\$50) <input type="checkbox"/> BRONZE TROWEL (\$100) <input type="checkbox"/> SILVER TROWEL (\$250)			
<input type="checkbox"/> GOLDEN TROWEL (\$500) <input type="checkbox"/> PLATINUM TROWEL (\$1,000) <input type="checkbox"/> CULTIVATOR (\$2,500) <input type="checkbox"/> DIRECTOR'S CIRCLE (\$5,000+)			
PAYMENT AMOUNT			
WOULD YOU LIKE TO BE CONTACTED ABOUT VOLUNTEERING AT CBG? <input type="checkbox"/> YES <input type="checkbox"/> NO			
VOLUNTEER INTERESTS			
CREDIT CARD NUMBER			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS			
EXPIRATION			
CVV			
SIGNATURE			
<p>Please make checks out to: Columbus Botanical Garden</p> <p>Please mail payments to: P.O. Box 383 Fortson, GA 31808</p> <p><i>A 3% processing fee will be applied to all card payments.</i></p>			