



Membership Application

I/we would like to enjoy the benefits of membership and wish to join at the following level:

BASIC MEMBERSHIP

___ Family/Dual \$60

___ Individual \$40

___ Senior Dual \$45 (60 yrs+)

___ One Senior \$35 (60 yrs+)

LARABEE SOCIETY

___ Steward \$125

___ Patron \$250

___ Fellow \$500

___ Benefactor \$1,000

CLUB MEMBERSHIP

___ For garden interest clubs \$50

___ Yes, I wish to subscribe to the *Pacific Horticulture* magazine at the discounted rate of \$21 per year and my total payment includes the additional amount.

___ My check payable to Quail Botanical Gardens is enclosed.

___ Charge \$_____ to Visa MasterCard Discover Card

_____ - _____ - _____ - _____

Expiration Date: ____/____/____ (mo/yr) Signature: _____

Name: _____ 2nd Name: _____
For Family/Dual, Senior Dual or higher levels

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Today's Date: ____/____/____

Please print application and mail to:

Membership
Quail Botanical Gardens
P. O. Box 230005
Encinitas, CA 92023-0005

To Order by Fax: send form and credit card information to (760) 632-0917