



MEMBERSHIP FORM

My Membership is a _____ NEW or a _____ RENEWAL (Check One)

Select the Membership Level you prefer:

We have structured our membership donations to allow for a sliding scale between categories. You can choose to make your donation at the basic level for the category or add more to increase the impact of your donation.

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

MEMBERSHIP 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: _____ (Home) _____ (Cell)

EMAIL: _____

Interested in Volunteering? Yes, please contact me _____

PAYMENT INFORMATION:

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

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

Stripe: Complete Online at: landisarboretum.org/support

Mail To: Landis Arboretum, P.O. Box 186, Esperance, NY 12066

Questions: Email info@landisarboretum.org or call the Office at (518) 875-6935

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