

Springfield Park District

Membership Application Form

Washington Park Botanical Garden



Step 1 Membership Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Step 2 New or Renewing Member

- I am a new member
- I am a renewing member

Step 3 Type of Membership

- Individual Membership \$9.00
- Family Membership \$12.00
- Benefactor \$25 and up
- I have enclosed \$_____ as an additional donation

Please make checks payable to Springfield
Park District Botanical Garden Membership.

Step 4 Method of Payment

Please mail registration form and check to:

Springfield Park District
Washington Park Botanical Garden
1740 W. Fayette Ave.
Springfield, IL 62704