



Garden Membership

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ (receive quarterly news & upcoming events)



Expires: _____

Phone: _____

- \$20.00 Individual Membership
- \$35.00 Family Membership
- \$50.00 & above - Benefactor
- I have enclosed \$_____ as an additional donation to the Garden.

**1740 West Fayette Avenue
Springfield, Illinois 62704
Ph# 217-546-4116**

*Please make checks payable to the Springfield Park District/Garden Membership

() Renewing Member () New Member

For a Garden Reciprocal List please visit www.ahsgardening.org

For Office Use Only