SAN DIEGO BOTANIC GARDEN

Membership Form

*Join online at **sdbg.org** or mail your application to:*

San Diego Botanic Garden
PO Box 230005, Encinitas, CA 92023-0005

Select Your Level	Price	Named Members
☐ **Individual** | 1 Adult	$55	1 _____ *Primary Member: First / Last Name* _____ *Email*
☐ **Dual** | 2 Adults	$105	2 _____ *Second Member: First / Last Name* _____ *Email*
☐ **Family** | 2 Adults + 6 Children <18	$125	
☐ **Family +** | 4 Adults + 12 Children <18	$185	3 _____ *Third Member: First / Last Name* _____ *Email* 4 _____ *Fourth Member: First / Last Name* _____ *Email*

Auto Renewal

☐ Yes
☐ No

*San Diego Botanic Garden offers auto renewal as a convenience to our Members who don't want to miss a day of their benefits. By selecting **yes,** your membership will automatically renew at the end of your annual term.*

How would you like your member cards?

☐ Digital ☐ Paper Card *(Pick up at Welcome Center)*

Address

_____ *Address* *Apt.*

_____ *City* *State* *Zip*

_____ *Phone Number*

Summary of Support

Membership Contribution: $ _____

☐ Senior 60+ ☐ Military ☐ Student $ _____

One Discount Per Membership (10%)

☐ Annual Fund Contribution $ _____

Total Amount Enclosed: $ _____

Payment Method

☐ Check *(Payable to San Diego Botanic Garden)*

☐ Visa ☐ Mastercard ☐ Discover

☐ American Express

_____ *Account Number* *Security Code* *Exp. Date*

_____ *Signature*