



**American Public Gardens
Association**

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Corporate Associate Membership Application

APGA invites you to join America's public gardens through your Corporate Associate Membership

Membership Dues

_ \$250.00 I do not work for an APGA Corporate Gold Member

Amount Enclosed: \$ _____

- Check (made payable to APGA in U.S. Dollars)
- Credit Card (Visa or MC)

Type of Card: _____ Card # _____ CVC _____ Exp. Date _____

Name/Title _____

Corporation _____

Address _____

City, State, Zip/Postal Code _____

Daytime Phone Fax _____

E-mail Address & URL Address _____

Please Choose the Category that **best** reflects your company's Product or Service:

- | | | |
|--|--|--|
| <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Insurance | <input type="checkbox"/> Master Planning |
| <input type="checkbox"/> Plant Material | <input type="checkbox"/> Exhibit Design | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Engineering | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Surveying | <input type="checkbox"/> Management Services |

Were you referred by a current APGA member?

If so, who should we thank? _____