



American Public Gardens
Association

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Institutional Membership Application

Institution

Executive Director

Contact Person & Title

Address

City, State, Zip/Postal Code

Country

Daytime Phone

Fax

E-mail Address

Website

Please choose the Institutional Category that best reflects your institution

- Botanic Garden
- Public Park
- Arboretum
- Zoo
- Historic House/Landscape
- Attraction
- University Garden
- Community Garden
- Other _____

Were you referred by a current APGA
Member? If so please, enter their name
below.

To determine your operating budget please use the following guideline.

If the primary focus of your institution is to operate as
a garden (e.g. botanic garden, arboretum, display
garden, etc.), you should calculate the dues based on
your total operating budget.

-or-

If the primary focus of your institution is to operate as
something other than a garden (e.g. college, cemetery,
museum, etc.), you should calculate the dues based on
the portion of your operating budget dedicated to the
garden.

To calculate your dues, please use the formula below:

Annual Operating Budget

Membership Dues

_____ x.00085 _____

Please note: Maximum dues amount is \$10,000, and
the minimum dues amount is \$150.

Membership Dues

\$ _____

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

Type of Card: _____

Card #: _____

Exp. Date: _____ CVV# _____

Signature: _____

With your institutional membership you can
receive up to 25 copies of the Association's
quarterly journal, the *Public Garden*. Please
let us know how many copies you would like
to receive.
