American Public Gardens Association

PublicGardens.org

Individual Membership Application

_____
Full Name

_____
Organization

_____
Address

_____
City, State, Zip Code

_____
Country

_____
Phone #

_____
E-mail

_____
Website (if applicable)

Were you referred by a current American Public Gardens Association Member? If so, please provide their name:

_____

Membership Dues Amount:

- ❑ **$125** Non-Affiliated Individual Member *(I do not work for an APGA member garden)*
- ❑ **$65** Retired Garden Professional
- ❑ **$65** Garden Volunteer *(note: you must provide documentation of volunteer status)*
- ❑ **$65** Student *(note: you must provide documentation of student status)*

Membership Dues $_____

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

Type of Card: _____

Card #: _____

Exp. Date: _____code#: _____

Signature: _____

Please return this form to:

American Public Gardens Association
351 Longwood Road, Kennett Square, PA 19348
Tel: 610.708.3010 I fax: 610.444.3594
membership@publicgardens.org