

# Clark Gardens

*Escape. Discover. Experience.*

## Membership Form

### Member Information (Please Print)

New \_\_\_ Renewing \_\_\_

Mr. & Mrs. \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please note: we communicate with our members via email whenever possible.*

### Membership Levels

\_\_\_ Single \$40.00 \_\_\_ Dual \$60.00

\_\_\_ Family \$100.00

Please provide the names you would like on each card:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Payment Information

\_\_\_ Enclosed is my check made payable to Clark Gardens Botanical Park

Please charge \$ \_\_\_\_\_ to: Visa \_\_\_ MasterCard \_\_\_  
# \_\_\_\_\_ Exp. \_\_\_\_\_

Signature: \_\_\_\_\_

*Contributions are tax deductible to the extent provided by law*

Clark Gardens Botanical Park,  
P.O. Box 276, Mineral Wells, Texas 76067  
(940) 682.4856 www.clarkgardens.com

If this membership is purchased as a gift, please provide the donor information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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		FOR OFFICE	USE ONLY		
Amount _____	Date Received _____		Passes given: _____	Computer _____	