

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: _____

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

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