

CBG Membership Application

_____ **New** _____ **Renewal**

Name _____ Phone () _____

Address _____ Cell () _____

City _____ State _____ Zip _____

Email _____ @ _____

I would like to be notified by: Email _____ Mail _____

_____ Student \$20 _____ Senior \$20

_____ Individual \$25 _____ Family \$40

_____ Patron \$50 _____ Business \$100

_____ Supporter \$150 _____ Sponsor \$250

_____ Sustaining \$500 _____ Benefactor \$1000

MC/V # _____ Exp. Date _____ csv _____

Signature _____ Date _____

Check # _____ Date _____

Make checks payable to: Clovis Botanical Garden

Cash \$ _____ Date _____

Or renew online today at www.clovisbotanicalgarden.org

**Additional gift \$ _____ memo _____

I would like to volunteer *(please check interest below)*

_____ Gardening _____ Greeter/Gift Shoppe _____ Communications

_____ Docent _____ Event Planning _____ Publicity _____ Events

_____ Leadership _____ Fund Raising _____ Youth Programs

I am available: **S** **M** **T** **W** **Th** **F** **S** *(circle days)*

mornings **afternoons** **evenings** *(circle time)*

Thank you for supporting the Clovis Botanical Garden

1865 Herndon Ste. K, Box 330, Clovis, CA 93611

www.clovisbotanicalgarden.org

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