



# Garden Membership

For Office Use Only

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

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

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

Email: \_\_\_\_\_ (receive quarterly news & upcoming events)



Expires: \_\_\_\_\_

1740 West Fayette Avenue  
Springfield, Illinois 62704  
Ph# 217-546-4116

- \$12.00 Individual Membership
- \$17.00 Family Membership
- \$30 & above - Benefactor
- I have enclosed \$\_\_\_\_\_ as an additional donation to the Garden.

\*Please make checks payable to the Springfield Park District/Garden Membership

( ) Renewing Member ( ) New Member

For a Garden Reciprocal List please visit [www.ahsgardening.org/rap](http://www.ahsgardening.org/rap)