



Garden Membership

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ (receive quarterly news & upcoming events)



Expires: _____

For Office Use Only

1740 West Fayette Avenue

Springfield, Illinois 62704

Ph# 217-546-4116

- \$15.00 Individual Membership
- \$20.00 Family Membership
- \$35 & 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