



Date _____

Membership Application **Renewal**

Primary Member Name _____

Secondary Member Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (Home and/or Mobile) _____

Email _____

Membership Levels for Individuals and Families

Please select one:

- \$25.00 Individual Membership
- \$50.00 Family and Friends
- \$100.00 Garden Acorn
- \$250.00 Garden Patron
- \$500.00 Garden Sponsor
- Other Tax Deductible Amount \$ _____

Please make your check payable to :

**Friends of the Port St. Lucie Botanical Gardens
2410 SE Westmoreland Blvd.- Port St. Lucie, FL 34985**

For Information on Corporate and Vendor Partner Memberships, visit our website.

www.pslbotanicalgardens.org

772.337.1959

_____ *for office use only* _____

Cards Given _____ **Cash** _____ **MR** _____

Check # _____ **Ltr** _____

CC _____ **EM** _____