



**Alaska
Botanical
Garden**

Alaska Botanical Garden Membership Form

Fax to (907) 770-0555 or mail to ABG, P.O. Box 202202, Anchorage, AK 99520

Member Name(s) _____ Date _____

Business Name (if this is a Business membership): _____

Address _____ Phone _____

Email _____

This will be a Gift Membership for (name of recipient):

Recipient Phone: _____ e-mail: _____

Recipient Address: _____

Do you want the membership card mailed to you or the gift recipient? _____

ITEM	Quantity	UNIT COST	TOTAL
Membership – Small Business / Photographer		\$ 150	
Membership – Family		\$ 75	
Membership – Individual		\$ 50	
Membership – Student/Senior (age 65+)		\$ 35	
		Donation	
		TOTAL PAID	

Paid by: Check # _____ or VISA/MasterCard #: _____

Name on credit card: _____ Expiration Date: _____

THANK YOU!