

Gift Membership Form

Date: _____

This membership is a gift from...

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone - Cell / Home (circle one): _____

Email: _____

Message to Gift Recipient (optional): _____

Send Membership Packet to (pick one): Myself Gift Recipient

Gift Recipient/Member Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone - Cell / Home (circle one): _____

Email: _____

Name on Membership Card 2: _____

Can be "Guest of YOUR NAME"

Payment Information

Total Amount: _____

Visa Discover Amex Master Card Check

Card # _____

Exp: _____ Sec: _____

Name: _____

Signature: _____

To be paid (pick one): Annually Quarterly Monthly

MEMBERSHIP LEVELS			
Access	Individual \$50 - \$84	Household Access \$85-\$124	National Access \$125-\$249
Contributing	Partner \$250 - \$499	Sustainer \$500 - \$749	Collaborator \$750 - \$999
Director's Circle	Transformer \$1,000 - \$1,999	Cultivator \$2,000 - 2,999	Founder \$3,000 - \$4,999