

Join the Friends of Bellingrath Today!

MEMBERSHIP TYPE

New Renewal Gift

MEMBERSHIP INFORMATION

Dr. Mr. Mrs. Ms.

First Name: _____ Last Name: _____ DOB (mm/dd/yyyy): _____

Dr. Mr. Mrs. Ms.

First Name: _____ Last Name: _____ DOB (mm/dd/yyyy): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

BELLINGRATH USE ONLY

Date Sold: _____

Exp. Date: _____

Amount Paid: _____

Cashier: _____

PLEASE LIST CHILDREN'S NAMES AND DATES OF BIRTH:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

GENERAL MEMBERSHIP CATEGORIES

\$50 Individual

\$100 Family (2 adults and up to 3 children under age 18)

\$75 Couple

\$150 Family Plus (2 adults and 4 or more children under age 18)

PATRON MEMBERSHIP CATEGORIES

\$175 Rose

\$250 Azalea

BELLE CAMP SOCIETY MEMBERSHIP CATEGORIES

\$500 Silver

\$1,000 Gold

\$2,500 Platinum

IF THIS IS A GIFT MEMBERSHIP, PLEASE COMPLETE THE FOLLOWING:

Gift membership from: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Gift message: _____

PAYMENT INFORMATION

CHECK (Payable to Bellingrath Gardens and Home)

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Billing Zip Code: _____ Signature: _____