



## MEMBERSHIP APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Membership Level (visit <https://www.friendsofmaclaygardens.org/benefits> for a description and member benefits for each level)

Gardener (\$25/yr) \_\_\_\_\_

Gardener Family (\$50/yr) \_\_\_\_\_

Gardener Donor (\$100/yr) \_\_\_\_\_

Gardener Sponsor (\$200/yr) \_\_\_\_\_

Lifetime (\$1,000) \_\_\_\_\_

Please remit with a check in the appropriate amount, payable to FOMG, and mail to:

Friends of Maclay Gardens

3540 Thomasville Rd

Tallahassee FL 32308