



Membership Form

Member Information (Please Print)

New ___ Renewing ___

Mr. & Mrs. ___ Mr. ___ Mrs. ___ Ms. ___ Dr. ___

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Please note: we communicate with our members via email whenever possible.

Membership Levels

___ Single \$40.00

___ Dual \$60.00

___ Family \$100.00

Payment Information

___ Enclosed is my check made payable to
Clark Gardens

Please charge \$ _____

to: Visa ___ MasterCard ___ AmEx ___ Discover ___

_____ Exp. _____

Signature: _____

Clark Gardens Botanical Park,
P.O. Box 276, Mineral Wells, Texas 76067
(940) 682.4856 www.clarkgardens.com

If this membership is purchased as a gift, please
provide the donor information below:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Please note: we communicate with our members via email whenever possible.

FOR OFFICE		USE ONLY	
Amount _____	Date Received _____	Expiration Date: _____	Computer _____

Clark Gardens is 501(c)3 organization. Memberships are tax deductible to the extent provided by law.