

Friends of the Gardens
Selby Associates
MEMBERSHIP ENROLLMENT FORM

Name _____ Nickname _____

Spouse _____

Local Address _____

City – Zip _____

Telephone _____ E-mail _____

Birth Month _____ Birth Day _____ Associate member since (yr.) _____

Selby Gardens Membership Number _____

Circle months available to participate: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Patron _____	\$100.00
Contributing _____	\$50.00
Associate _____	\$35.00
Couples _____	\$50.00

Permanent Name Badge _____ **\$10.00**

Name as it is to appear on badge: _____

Make checks payable to Selby Gardens

Marie Selby Botanical Gardens
811 S. Palm Avenue
Sarasota FL 34236