

BELLINGRATH STAF	F
MEMBERSHIP NO.	
PURCHASE DATE:	
EXP. DATE:	
AMOUNT PAID:	
CASHIER:	

MEMBERSHIP TYPE:	□ NE	w	RENEWAL	GIFT
	,,			
FRIENDS OF BELLINGRATH	PATRO	ONS	BELLE CAMP	SOCIETY
INDIVIDUAL - \$60	ROSE PA	TRON - \$200	SILVER BELL	22.00
COUPLE - \$85			GOLD BELL	E CAMP
FAMILY -\$125	AZALEA P	ATRON -\$250	- \$1,0 PLATINUM BI	
			- \$2,5	00
ME	MBER INFO	RMATION		
PRIMARY MEMBER		SECONDARY	Y MEMBER	
□ Dr. □ Mr. □ Mrs. □ Ms. DOI	3:	□Dr. □Mr	. Mrs. Ms.	DOB:
First Name:		First Name:		£
Last Name:				
Address:		Address:		
City: State: Z	ip:		State:	
Phone:Email:			Email:	
	GIFT ME	MBERSHIP		
From: Start Date:				
Address:			State:	Zip:
Phone:				<u> </u>
Message:				· · · · · · · · · · · · · · · · · · ·
PAY	MENT INF	ORMATION	1	
Card Number:	Exp. date:	Se	curity Code:	Zin Code:
	N EXPRESS		STERCARD	DISCOVER
CHECK (Payable to Bellingrath Gardens an	d Home) Signatu			





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ROSE PATRON - \$200	INDIVIDUAL - \$60	ROSE PAT	SECON  Dr. Dr. First Name: Last Name: Address:	DARY MEMBER  Mr. Mrs. Mrs.	R BELLE CAMP - \$500 D BELLE CAMP - \$1,000 UM BELLE CAMP - \$2,500  Is. DOB:  E: Zip:
Dr. Mr. Mrs. Ms. DOB:  First Name:  Last Name:  Last Name:  Address:  City:  State:  Email:  City:  Phone:  Email:  City:  City:  Dr. Mr. Mrs. DOB:  First Name:  Last Name:  Last Name:  City:  State:  City:  Email:  City:  City:  Email:  City:  City:  Email:  City:  City:  City:  Email:  City:  City:	□ Dr.         □ Mr.         □ Mrs.         □ Ms.         DOB:         □           First Name:         □         <		Dr. Dr. First Name: Last Name: Address: City:	Mr. Mrs. M	e: Zip:
UPDATED INFORMATON  Please add any updated information such as address, phone number, email or any other information you think we	UPDAT		Phone:	Email: _	
		dress, phone n	number, email		tion you think we
	PAYMI	ENT INFO	ORMATIO	ON	
PAYMENT INFORMATION	Number:  VISA  AMERICAN EXI	Exp. date:	<u> </u>	ecurity Code:	Zip Code:

