



# Friends of Bellingrath

## Bellingrath Staff

MEMBERSHIP NO.:

PURCHASE DATE:

EXP. DATE:

AMOUNT PAID:

CASHIER:

MEMBERSHIP TYPE: ☐ NEW ☐ RENEWAL ☐ GIFT

### FRIENDS OF BELLINGRATH

- ☐ INDIVIDUAL - \$60
- ☐ COUPLE - \$85
- ☐ FAMILY - \$125

### PATRONS

- ☐ ROSE PATRON - \$200
- ☐ AZALEA PATRON - \$250

### BELLE CAMP SOCIETY

- ☐ SILVER BELLE CAMP - \$500
- ☐ GOLD BELLE CAMP - \$1,000
- ☐ PLATINUM BELLE CAMP - \$2,500

## MEMBER INFORMATION

### PRIMARY MEMBER

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. DOB: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SECONDARY MEMBER

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. DOB: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## UPDATED INFORMATION

Please add any updated information such as address, phone number, email or any other information you think we should know.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GIFT INFORMATION

If this is a gift membership please provide your information as the purchaser:

From: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PAYMENT INFORMATION

Card Number: \_\_\_\_\_

Exp. date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

☐ VISA ☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ DISCOVER

☐ CHECK (Payable to Bellingrath Gardens and Home)

Signature: \_\_\_\_\_