



**Yes! I wish to become a member of The Botanical Gardens at Asheville.  
Enclosed is a check for my annual membership.**

\$40 MEMBER

\$15 STUDENT

\$75 CONTRIBUTOR

Additional Donation \$ \_\_\_\_\_

\$150 SUSTAINER

**Name:** \_\_\_\_\_

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

**City, state, zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Yes! I would like to volunteer my services to the Gardens.

**Phone:** \_\_\_\_\_

**Mail to:**

The Botanical Gardens at Asheville  
151 W.T. Weaver Boulevard  
Asheville, NC 28804  
(828) 252-5190  
office@ashevillebotanicalgardens.org

Note: We do not share member information.