



MEMBER APPLICATION

Please Print. *Required fields to ensure expedited processing.

PURCHASER INFORMATION

*Your Name (Mr. Mrs. Ms. Dr.) _____

*Address _____

*City _____ State _____ Zip _____

*Daytime Phone (_____) _____

How did you hear of this: Onsite E-News Our Website Advertisement Word of Mouth I'm a Member
 Another Website _____ Other _____

I am a:

NEW MEMBER

RENEWING MEMBER

PLEASE SELECT ONE:

Garden Plus 1 yr. \$150 2 yrs. \$290

Family 1 yr. \$105 2 yrs. \$200

Dual 1 yr. \$85 2 yrs. \$160

Individual 1 yr. \$60 2 yrs. \$110

Student 1 yr. \$25 (valid student ID required)

Please use given names that match identification. Be sure to include email addresses for all Garden Pass members who wish to receive e-Renewals and e-Newsletters.

Primary Member Name: (Mr. Mrs. Ms. Dr.) _____

Primary Member Email: _____

For Dual and higher levels: (Name Required)

Secondary Member Name: (Mr. Mrs. Ms. Dr.) _____

Secondary Member Email: _____

Number of children (or up to four grandchildren) ages 18 and under: _____ (Family and Garden Plus levels)

PAYMENT INFORMATION

I have enclosed a check made payable to **Longwood Gardens.**

Please charge my: Visa MasterCard Discover American Express Gift Card

Name _____

Signature _____

Card Number _____

Expiration Date _____

CVC Code _____

COUPON CODE: _____

Mail To: Longwood Gardens • Central Ticketing • P.O. Box 501 • Kennett Square, PA 19348