



Croton Arboretum Membership Application

Please fill out this form and mail it with your check to the following address:

The Croton Arboretum and Sanctuary, Inc.
PO Box 631
Croton-on-Hudson NY 100520

Checks should be written to "The Croton Arboretum and Sanctuary, Inc."

Please choose your membership level:

\$40 Individual \$25 Student/Senior

Non-membership or additional donation \$ _____

Company Match? Yes No Company Name _____

Please attach your company's matching form.

Your donation is tax deductible to the fullest extent of the law.

Donor Information

Title(Ms.,Mr., Dr., other): _____ First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone, with area code _____

Email _____

Is this a new membership? ____ Or a renewal ? ____

Is this a gift membership/donation? (Y/N) _____

If this is a gift membership, please fill out the recipient information

Gift Recipient Information

Title(Ms.,Mr., Dr., other):_____ First Name: _____ Last Name:_____

Street Address: _____

City:_____ State:____ Zip Code:_____

Phone, with area code _____

Email _____