

**Friends of the Linwood Arboretum
Membership Form**

**Please complete the following form and return by mail to:
The Friends of the Linwood Arboretum
Post Office Box 157
Linwood, NJ 08221**

Name: _____

Address: _____

City/State/Zip: _____

E-mail address: _____ **Phone#** _____

____ \$20.00 individual ____ \$30.00 family \$_____ Donation

Please check any of the areas below that you might be interested in HELPING with:
____ Publicity ____ Hospitality ____ Volunteer garden work ____ Filing ____ Species ID

***Make checks payable to:* Friends of the Linwood Arboretum
(a 501 (3 c) non-profit organization)**