

**Membership Application
for the
Friends of the Palomar College Arboretum**

Date: _____

Name: _____

Student/Senior	\$10/yr.
Individual	\$30/yr.
Family	\$50/yr.
Founding	\$125/yr.
Sustaining	\$500/yr.
Corporate Museum Associates	\$1,000/yr.

\$_____ Membership

\$_____ I have enclosed a donation to benefit The Arboretum

\$_____ Total Payment Enclosed

Mr. And Mrs. / Ms. / Miss / Mr. / Mrs.

Address: _____

City, State and Zip: _____

Telephone: _____
Home Office

If a family membership, please give names of others in your family to be covered by this membership.

Please make check payable to: Palomar College Foundation: Arboretum

Mail this form and check to:

Palomar College
Friends of the Palomar College Arboretum
1140 West Mission Road
San Marcos, CA 92069-1487

Thank you from the Board of Directors of FOPA!