The Horticultural Alliance of the Hamptons

Membership Application

Name(s) ________________________________________________

Mailing Address _______________________________________

Business Name _________________________________________

Mailing Address _______________________________________

Telephone ______________________ Email _______________________

Date ______________________

Please choose a membership category

☐ $1,000 - Benefactor  •  ☐ $500 - Donor  •  ☐ $300 - Patron
☐ $200 - Supporting  •  ☐ $125 – Contributing/dual  •  ☐ $90 – Contributing/single
☐ $75 – Family/dual  •  ☐ $45 – Individual  •  ☐ $10 – Student

I want to add a donation of $_______ to the HAH Paul Karish Scholarship Fund

Payment Options:

Check: $_______ Please make checks payable to: The Horticultural Alliance of the Hamptons
Mail to: P. O. Box 202, Bridgehampton, NY 11932

Credit Card: $_______ Please print your credit card information below.

Pay Online: https://horticultural-alliance-of-the-hamptons.square.site/

Name (on card): _____________________________________________

Billing address: __________________________ City: _________________ Zip code: _______

Card Number: ___________________________________________ CVV Code: _______ Expiration Date: _______

Signature: _________________________________________________

THANK YOU FOR YOUR VERY GENEROUS SUPPORT