



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**