

LIFETIME MEMBERSHIP APPLICATION

State Botanical Garden of Georgia, Board of Advisors

Applications will be accepted and reviewed on a rolling basis.

Board member's name: _____

Home address: _____

Year of appointment to first term: _____

Please initial each item to confirm your understanding and acceptance of the following points in compliance with Bylaw sections 3.1 (e) and 3.3.

_____ I have completed three (3) four-year terms as a Regular Board member, am in good standing, and I am requesting appointment as a Lifetime Member of the Board of Advisors of the State Botanical Garden of Georgia.

_____ I understand that by requesting this level of membership I will become a non-voting member and I am not expected to pay annual dues. I will still be able to participate in meetings and agree to pay an annual activity/events fee of \$200 to defray the costs of meals and entertainment. I will continue to enjoy all of the benefits of board membership except for voting and may serve on Board committees of special interest.

_____ *In addition*, as a Lifetime Member I will continue to support the Garden through annual giving equal to, or greater than, \$2,000, to be directed to the Ball or another Garden program that is important to me (this annual giving amount shall be reviewed by the Executive Committee annually). I will also continue to be an ambassador for the Garden in my local community. Further, I have made provisions for, or will give serious consideration to making provisions for, a Legacy/Planned gift to benefit one or more programs of the Garden.

Date: _____

Signature: _____

(March 2024)