

Event and Class Registration

Member # _____ (on mbr. card/ mailing label) Non-member Tel: _____

Name *(please print)* _____

Address _____

City _____ State _____ Zip _____

Email _____ Please email class information _____

Payment: VISA/MC Check (payable to Friends of Filoli)

Account # _____ Expires _____

Date	Description	Time	Qty	Price*	Total

*Member price applies to Filoli members and their guests

Registration Total: _____

Send this form and payment with self-addressed, stamped envelope to: Friends of Filoli, 86 Canada Road, Woodside, CA 94062-4143

Membership Application

Check one: New Gift* Renewal Member # _____

Membership Recipient *(Please print)*

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

If Dual/Family or Circle Membership, please complete below:

Name on 2nd card: _____ or "Guest of" card

Basic Membership:

- \$60 Individual
- \$45 Individual Senior (65+)
- \$85 Dual/Family (2 adults and children under 18)

Circle Membership:

- \$175 Friend
- \$250 Filoli
- \$500 President
- \$1,000 Bourn
- \$2,500 Roth

*If membership is a gift, donor information:

Name of gift donor _____

Address of donor _____

Phone of donor _____ Email of donor _____

Please mail this membership to you or recipient.

Next year's renewal notice should be mailed to you or recipient.

Payment: VISA/MC Check (payable to Friends of Filoli)

Account # _____ Exp. _____

Send form and payment to: Friends of Filoli, 86 Cañada Road, Woodside, CA 94062-4143

These forms can also be downloaded by visiting www.filoli.org