

# USUBC/OBG Membership APPLICATION

Name(s) \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of memberships \_\_\_\_ x \$35= \$\_\_\_\_  
(One membership is good per household.)

Total amount enclosed: \$ \_\_\_\_\_

Paid:  Cash  Check # \_\_\_\_\_  
 Credit Card \_\_\_\_\_

VISA  Mastercard  
Expiration date: \_\_\_\_\_ Secure Code: \_\_\_\_\_

**I authorize the verification of the  
information provided on this form.**

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Please make check to: USU**

**Complete the above portion and mail to:**

**Friend of the Gardens  
USU Extension  
1181 North Fairgrounds Drive  
Ogden, UT 84404-3100**

