



THE SAN DIEGO BOTANICAL GARDEN FOUNDATION
REQUESTS THE FOLLOWING INFORMATION FOR ITS RECORDS.
IT IS IMPORTANT THAT INFORMATION BE ACCURATE,
LEGIBLE AND UP TO DATE.

PROFILE SHEET - - 2011 DATE _____

*ORGANIZATION NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ + _____

WEBSITE ADDRESS _____

EMERGENCY PHONE (day) _____ (eve) _____

MEETING LOCATION ROOM _____ MEETING TIME _____

MEETING DAY OF MONTH _____

SHOW DATES _____

*PRESIDENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ + _____

TELEPHONE # _____ DATE OF ELECTIONS _____

E-MAIL ADDRESS _____

*When there are to different addresses above, indicate where the mail is to be sent _____

REPRESENTATIVE TO SDBGF _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ + _____

TELEPHONE # _____

E-MAIL ADDRESS _____

MEMBERS AVAILABLE FOR A SPEAKERS LIST

NAME _____ PHONE _____

NAME _____ PHONE _____

TOTAL MEMBERSHIP _____

PLEASE RETURN TO:

S.D. BOTANICAL GARDEN FNDN, 2125 PARK BLVD, 104, SAN DIEGO CA 92101-4792

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