



at George Washington's River Farm
7931 East Boulevard Drive
Alexandria, VA 22308-1300
Tel: 703-768-5700
Fax: 703-768-8700
www.ahs.org

AHS RECIPROCAL ADMISSIONS PROGRAM

INSTRUCTIONS: Please fill in the application completely to be considered for the Reciprocal Admissions Program (RAP). Select a benefit in Section II, depending on where your organization's admission structure fits into the program guidelines. Be sure to complete the Reciprocal Gardens Information Sheet to ensure accurate publishing of your organization's information. A \$100 participation fee is required. Please make checks out to the American Horticultural Society.

- I. _____ agrees to participate in the Reciprocal Admissions Program
(Organization)
(hereinafter, RAP). This agreement shall commence _____ and shall continue until either party gives 60-day written notice of termination. After termination, the agreement will remain in effect until completion of December 31st of the current year.
- II. By signing this agreement, _____ agrees to offer the reciprocal benefits
(Organization)
and privileges to all those members of organizations who are involved in the RAP program, with the exception of the 90-mile radius guideline. (Please check below those benefits your organization will provide in order to be reciprocal – Please note that if your organization has a **required** charge for admission or parking you must offer one of these free of charge as your primary benefit. Suggested donations are an option to visitors and should not be considered an admission fee).

DO NOT CHECK A OR B IF YOUR ORGANIZATION CHARGES NO ADMISSION OR PARKING FEES, RESPECTIVELY:

- _____ a. Provide free admission - Regular admission fee is \$ _____.
_____ b. Provide free parking - Regular parking fee is \$ _____.
_____ c. Provide a discount of 10% or 20% in Gift Shop - please note which percentage - _____ %
_____ d. Provide free admission to _____ to be held
(Event/Show/Festival)
_____ through _____ at _____
Regular admission charge to event is \$ _____.
OR
_____ e. Promotional use only: If stated organization offers free admission to the general public and cannot offer any of the discounts listed in above, then the stated organization can be included on the brochure for public relations purposes ONLY.

NOTE: Being listed reflects that your organization has free admission. Not all gardens listed on the brochure have a required admission fee. A benefit must be offered for participating gardens members to receive the benefits. The promotional only gardens are noted with an asterisk.

III. Upon receipt of the \$100 participation fee and the AHS acceptance of the agreement, a RAP brochure and other materials will be e-mailed to the contact provided.

Each RAP participant is automatically given a complimentary AHS membership for participating year.

() Currently a member, ID # _____

() Not an AHS member, please give complimentary membership to the stated organization.

OPTIONAL

Your organization may mail brochures, flyers, or other materials representative of your organization to each of the other participating organizations. (These materials can be used at the discretion of other organizations to further promote your organization, events and programs, either through display in visitor areas, reproduction in publications or newsletters, or through other public information means.) AHS will provide a master list of all participants.

IV. This contract is confirmed for the stated organization by:

Contact (Please Print)

Contact's Title

Contact Signature

Organization

If you have any comments or questions please contact Jessica E. Rozmus, Education Programs Coordinator, at (800) 777-7931 ext. 137 or jrozmus@ahs.org.

Please return signed copy, \$100 participation fee and completed information sheet to the following address.

Reciprocal Admissions Program
American Horticultural Society
7931 East Boulevard Drive
Alexandria, Virginia 22308-1300

Thank you for your interest in the Reciprocal Admissions Program!



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Reciprocal Admissions Program Garden Information Sheet

To be included in the Reciprocal Admissions Program (RAP), please complete the requested information below and return with the signed agreement.

1. Full name of organization: _____
2. Full mailing address: _____

3. Full site address (if different): _____

4. Main telephone number: _____
5. Fax number: _____
6. Web site: _____
7. Gift shop on site: Yes / No
8. Regular admission fees: Adults - _____
Senior Citizens - _____
Children - _____
9. Regular parking fees: Car - _____
Bus/Truck - _____
10. Contact name: _____
11. Contact title: _____
12. Contact email: _____
13. Contact phone number: _____
14. Name of Director: _____
15. Number of Members: _____