

Membership Application or Renewal



Name _____

Address _____

City _____

State _____ Zip _____

Home phone _____

Cell phone _____

Email _____

Address has changed: ____yes ____no

Newsletter delivery preference: ____ Email ____ USPS

Membership: ____ New ____ Renewal

Payment for year(s): _____

Membership Categories (check one)

____ NEW, \$10

____ Individual/family, \$20

____ Institution, \$50

____ Student (\$0, up to four years); Year of graduation: ____

____ Lifetime, \$250

Make checks payable to the: *Tennessee Native Plant Society.*

Mail check and application to:

TNPS, P.O. Box 159274, Nashville, TN 37215