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