



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)

_____ Regular, \$20

_____ Institution, \$50

_____ Life, \$250

_____ Student (\$0 for up to four years); Year of graduation: _____

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

Mail check and application to:

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