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): __2018 __2019 __2020 __2021__2022

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