

Fill out the form on this page, then click the Print button to generate a completed application which you can print and mail in. Or, just print this page and fill out with pen or pencil.



Florida Native Plant Society
MEMBERSHIP APPLICATION

Florida Native Plant Society

INFORMATION SURVEY

Please type or print block letters

First Name

Last Name

Business or Organization (optional)

Address

City

State Zip+4

FL. County

Home Phone

Cell Phone

Work Phone

Fax

E-mail

Chapter

Assigned by location unless otherwise specified

Please help us build a stronger organization by completing this survey. *Thank you!*

We need your help! Please check if you can contribute.

Expertise/Interests (Check all that apply)

- Advocacy
- Art/Photography
- Education
- Event Planning
- Field Trips
- FNPS Leadership
- Fundraising
- Government Policy
- Gardening/Landscape Design
- Growing Plants
- Master Gardener/Master Naturalist
- Membership Development
- Plant Surveys
- Publications/Writing
- Public Speaking
- Volunteer Coordination

Profession

- Accountant
- Attorney
- Botanist/Ecologist
- Educator
- Elected Official
- Graphic Designer
- Land Manager
- Landscape Architect/Designer

Yes! Sign me up for the FNPS Action Alert e-mail list.

Select Membership category

If this is a gift, enter giver information: Name

Membership #

Life \$1000

Family/Household \$50

Municipal Planner

Donor \$250

Renewing Individual \$35

Naturalist

Business \$125

New Individual \$25

Nursery

Supporting \$100

Gift Individual \$25

Contributing \$75

Student \$15

Non-profit \$50

Library \$15

Please mail survey & membership application to:
FNPS

PO Box 278

Melbourne, FL 32902-0278

Credit card payments can be faxed to 815-361-9166

Additional Contributions

\$ **General Fund,**
educational and other activities.

\$ **Endowment Fund,**
native plant research projects.

\$ **Total** Amount Enclosed

Payment

Check/MO

Visa

MC

Discover

Check/Money

Order#

Please do not mail cash.

Make payable to

FNPS.

Credit Card#

-

-

-

Exp. Date

3-digit CV code on back

Name on Card:

Billing address & zip code if different from above:
