

Florida Native Plant Society - Membership Form



www.FNPS.org

CONTACT MEMBER on this membership

Name: _____

Email address: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

Preferred contact method - please select ONE: CellPhone Email HomePhone PostalMail WorkPhone

Add me to the EcoAlert List: _____ yes

ADDITIONAL MEMBER on this membership

For multi-member and business/non-profit memberships, you can add contact information for an active second member (e.g., spouse, partner, co-worker) at same mailing address:

Name: _____

Email address: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

Preferred contact method - please select ONE: Cell Phone Email Home Phone Postal Mail Work Phone No contact

Add me to the EcoAlert List: _____ yes

MAILING ADDRESS

Address: _____ City: _____ St: _____ Zip: _____ County: _____

CHAPTER affiliation: _____ (if blank, we will assign you to the closest chapter)

MEMBERSHIP TYPE (check desired membership type and dues)

Individual: (one person) _____ \$35 _____ \$50 _____ \$100 _____ \$150 _____ \$250 _____ \$500 annual dues

Multi-person: (two people, shared address) _____ \$50 _____ \$100 _____ \$150 _____ \$250 _____ \$500 annual dues

Business/Nonprofit: _____ \$150 _____ \$250 _____ \$500 annual dues

Business/Nonprofit Information:

Business/Non-profit Name: _____ Website: _____

Business Phone: _____ Business Email: _____

Full time student: _____ \$15 annual dues

Library: _____ \$35 annual subscription fee

Lifetime: _____ \$1,000 Individual/multi-person memberships only

Sustaining: (charged monthly to your credit card): _____ \$10 _____ \$20 _____ \$30 (minimum for business/nonprofit is \$20). Credit card required – provide card info below or call 321-271-6701

Want to Renew an Annual Membership Automatically? Check here and pay by credit card. _____

MAKE AN ADDITIONAL DONATION! Help FNPS expand our research and education programs.

Research ndowment Fund \$ _____ General Fund \$ _____

\$ _____ **TOTAL DO NOT MAIL CASH.**

_____ Check payable to FNPS enclosed or _____ pay by credit card (Mastercard/Visa/Discover/American Express)

Credit card #: _____ Exp. Date: _____ Security Code: _____

Name on card: _____

Billing address if different from mailing: _____

RETURN THIS FORM WITH PAYMENT TO FNPS, PO BOX 278, MELBOURNE FL 32902

QUESTIONS? 321-271-6701 or info@FNPS.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION FOR THE FLORIDA NATIVE PLANT SOCIETY, A FLORIDA-BASED NONPROFIT CORPORATION (REGISTRATION NO. CH3021), MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-HELP-FLA (435-7352) WITHIN THE STATE OR VISITING THEIR WEBSITE AT csapp.800helpfla.com. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

The Mission of the Florida Native Plant Society is to Promote the Preservation, Conservation, and Restoration of the Native Plants and Native Plant Communities of Florida.