



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): 2015 2016 2017 2018 2019

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