Indiana Native Plant Society Enrollment

❑ New member ❑ Renewal (list names and any changed info only)

Name(s) _____

Affiliation (optional)_____

Street Address _____

City _____ State/Zip+4_____

Phone _____ County _____

E-mail (please print clearly) _____

Membership is good for a full year from the date of joining or renewal.

__Student $10 __School / Youth Group $25 __ Individual $45 __ Household / Business $55*

__Organization / Agency $75* __Booster $100 __Patron $250 __Benefactor $500

Memberships at the Booster, Patron, and Benefactor level are most appreciated and help us fulfill our mission. Donations are tax-deductible to the extent provided by law.

Additional Donation $_____ designated to ☐ Use where most needed ☐ Letha's Youth Outdoors Fund

Check Number_____ Date of Check_____ Total Enclosed $_____

Prefer receiving INPS Journal via: __Paper __Email

Which of your skills may we put to use in a two- to three-hour volunteer task?

— Accounting, budgeting
— Community relations, building coalitions
— Database management, record keeping
— Digital communications (emails, web posts)
— Donor cultivation, fundraising
— Engaging children in nature activities
— Event planning, organizing
— Garden/landscape design
— Grants management
— Graphic arts, digital layout
— Hands-on planting and/or invasives removal
— Invasive plant knowledge
— Leadership, visioning, inclusivity
— Marketing, public relations, publicity
— Native plant knowledge, experience
— Nature photography
— Online research, updating contact lists
— Outreach materials storage, management
— People person, greeting the public, schmoozing
— Persuasive advocacy, letter writing
— Posting on Facebook, Instagram, Twitter
— Project management, organization
— Public speaking
— Video production, sound engineering
— Website development, management
— Workshop/curriculum development
— Writing: Journal articles, web content
— Writing: summarizing, note-taking, publicity
— Experience with diverse communities

Other:

*Supply the names and emails of one (Household/Business) or two (Organization/Agency) other persons who will receive INPS emails and mailings at the same address:

_____
_____
_____

Please mail this completed form, along with your check made payable to INPS, to: **Indiana Native Plant Society, Attn: Membership, P.O. Box 501528, Indianapolis, IN 46250.**

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