Indiana Native Plant Society Enrollment

Name(s)					
Affiliation (optic	onal)				
Street Address					
Dity			State/Zip+4		
Phone			County		
E-mail (please	print clearly)				
Membership is	good for a full year	from the date of joining	or renewa	ıl.	
Student \$10			Individual / Household \$35		
Organizatio	n / Agency \$45*	Booster \$100	_	Patron \$250	Benefactor \$500
ax-deductible t	to the extent provide	ed by law.	·		us fulfill our mission. Donations a Youth Outdoors Fund
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address:

Indiana Native Plant Society, Attn: Membership, P.O. Box 501528, Indianapolis, IN 46250.