

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) _____ \$50

Multi-person: (two people, shared address) _____ \$90

Business/Nonprofit: _____ \$150 _____ \$350 _____ \$600 _____ \$900 *Visit fnps.org/business for details on different levels

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 321-271-6702

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.

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 5007, GAINESVILLE FL 32627

QUESTIONS? 321-271-6702 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.