



MINNESOTA NATIVE PLANT SOCIETY

P.O. Box 16257, St. Paul, MN 55116

www.mnnps.org

MEMBERSHIP FORM

Help us out – PLEASE print clearly:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Other Family Member Name: _____
(if signing up for a Family membership)

Membership Categories:

- ☐ Renewal
- ☐ New Member

- ☐ \$15 Individual
- ☐ \$15 Family
(two or more individuals at the same address)
- ☐ \$8 Student
- ☐ \$8 Senior (over 60)
- ☐ \$20 Institution
- ☐ \$25 Donor
- ☐ \$__ Donor (other amount)
- ☐ \$300 LIFETIME

Special Requests:

- ☐ Do not email newsletter
the newsletter is only available digitally

- ☐ Do not email monthly meeting
announcements

**For privacy reasons, we no longer
send out a Membership Directory.**

Make checks payable to:
Minnesota Native Plant Society.