

ANPS Membership Application

Date _____ New ___ Renewal ___

Individual (\$15.00) ___

Full-time Student (\$12.00) ___

Family (One address, 2 votes, \$20.00) ___

Organization (\$30.00) ___

Senior (65yrs, \$12.00) ___

Names of voting members: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Email _____

Amount Enclosed _____ Paid by: Cash___ Check ___

Please enclose this application with your check and mail to:

Alaska Native Plant Society
PO Box 141613
Anchorage, AK 99514