

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 ___

Newsletter delivery preference: email ___ US Postal Service (**add \$10**)___ both (**add \$10**) ___
Save \$10 postage, paper and time with digital delivery via email.

Please enclose this application with your check and mail to:

Alaska Native Plant Society
PO Box 141613
Anchorage, AK 99514