

Name(s) \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: H (\_\_\_\_\_) \_\_\_\_\_ W (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Membership Dues:

- |                                                    |                                                                                        |
|----------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="radio"/> Individual (Renewal) \$30    | <input type="radio"/> Patron \$50                                                      |
| <input type="radio"/> Individual (New Member) \$30 | <input type="radio"/> Sustaining \$100                                                 |
| <input type="radio"/> Family \$40                  | <input type="radio"/> Life \$500                                                       |
| <input type="radio"/> Student \$15                 | <input type="radio"/> Associate (Organization-name individual as delegate above) \$40* |

Please enroll me as a:

- Member at large                      OR       Member of \_\_\_\_\_ Chapter
- Gift membership. Please send a card in my name.

I would like to make an additional contribution to:

- Chapter \_\_\_\_\_ Amount \_\_\_\_\_
- State office of VNPS                      Amount \_\_\_\_\_

I am interested in the following:

- |                                          |                                             |
|------------------------------------------|---------------------------------------------|
| <input type="radio"/> Field Botany       | <input type="radio"/> Publications          |
| <input type="radio"/> Registry program   | <input type="radio"/> Art or photography    |
| <input type="radio"/> Propagation        | <input type="radio"/> Youth programs        |
| <input type="radio"/> Plant rescue       | <input type="radio"/> Public speaking       |
| <input type="radio"/> Displays at events | <input type="radio"/> Chapter board service |
| <input type="radio"/> Legislative action | <input type="radio"/> State board service   |

I have the following skills/training: \_\_\_\_\_

I wholeheartedly support the Societies efforts with my membership.

I have \_\_\_\_\_ time/ \_\_\_\_\_ little time/ to participate in VNPS programs.

- Do not exchange my name with other organizations.
- Do not list me in the chapter directory.

Make check payable to VNPS and mail to:

VNPS Membership Chairman  
400 Blandy Farm Lane, Unit 2  
Boyce, VA 22620