



MEMBERSHIP FORM

Please complete the form below, enclose a check made payable to the *Wisconsin Hardy Plant Society* and mail to:

Jane LaFlash
211 S. Fair Oaks Avenue
Madison, WI 53704

If you would like more info about membership, contact us at wisconsinhps@gmail.com. If you would like to complete your membership online, visit wisconsinhardyplantsociety.org and select the "Membership" tab.

NEW MEMBER RENEWING MEMBER

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

TYPE OF MEMBERSHIP

INDIVIDUAL

1 year \$12

2 years \$24

3 years \$36

FAMILY (Includes spouse or domestic partner)

1 year \$18

2 years \$36

3 years \$54

BUSINESS (Includes one free 1/4 page ad in our newsletter)

1 year \$30

The Wisconsin Hardy Plant Society is a 501(c)(3) non-profit. Donations to continue our mission are always appreciated.

ADDITIONAL DONATION INCLUDED (Separate checks preferred)

Amount \$ _____

MEMBERSHIP TOTAL \$ _____

DONATION TOTAL \$ _____

Office use: AMT _____ C# _____
SS _____ EM _____