



INPAWS Membership Application

New member Renewal

Name(s) _____

Address 1 _____

Address 2 (optional) _____

City _____ State/Zip+4 _____

Preferred phone contact _____ County _____

E-mail (please print clearly) _____

Annual dues pertain to the fiscal year January 1 - December 31. Dues paid after September 1 are applied to the following fiscal year.

Student \$10 **School / Youth Group \$35** **Individual / Household \$35**

Organization / Agency \$45 **Booster \$100** **Patron \$250** **Benefactor \$500**

Memberships above Student and Individual / Household are most appreciated and can aid our mission. Donations are tax-deductible to the extent provided by law.

Additional Donation \$ _____ Donation to Letha's Fund \$ _____ Total Enclosed \$ _____

Check Number _____ Date of Check _____

I can help with:

- | | | |
|--|--|---|
| <input type="checkbox"/> Annual Conference | <input type="checkbox"/> Historian | <input type="checkbox"/> Plant Sale/Auction |
| <input type="checkbox"/> Book Sales | <input type="checkbox"/> Invasive Plants | <input type="checkbox"/> Public Outreach |
| <input type="checkbox"/> Conservation Advocacy | <input type="checkbox"/> Landscaping Support | <input type="checkbox"/> Publicity/Public Relations |
| <input type="checkbox"/> Garden Tours | <input type="checkbox"/> Membership | <input type="checkbox"/> Speakers Bureau |
| <input type="checkbox"/> Grants/ Awards | <input type="checkbox"/> Native Plant Rescue | <input type="checkbox"/> Website/Communications |
| <input type="checkbox"/> Hikes/Field Trips | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Youth Outreach /Letha's Fund |

Please mail this completed form, along with your check made payable to INPAWS, to:

INPAWS, Attn: Membership, P.O. Box 501528, Indianapolis, IN 46250