



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 calendar year January 1 through December 31. Dues paid after September 1 are applied to the following year.

Student \$10 **School / Youth Group \$25** **Individual / Household \$35**

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

Memberships at the Booster, Patron, and Benefactor level are most appreciated and help us fulfill our mission. Donations are tax-deductible to the extent provided by law.

Additional Donation \$ _____ designated to Use where most needed Letha's Youth Outdoors Fund

Check Number _____ Date of Check _____ Total Enclosed \$ _____

I can help with:

- | | | |
|--|--|--|
| <input type="checkbox"/> Annual Conference | <input type="checkbox"/> Historian | <input type="checkbox"/> Native Plant Rescue |
| <input type="checkbox"/> Book Sales | <input type="checkbox"/> Invasive Plant Education | <input type="checkbox"/> Newsletter/INPAWS Journal |
| <input type="checkbox"/> Booth Ambassador | <input type="checkbox"/> Invasive Plant Removal | <input type="checkbox"/> Plant Sale/Auction |
| <input type="checkbox"/> Conservation Advocacy | <input type="checkbox"/> Landscaping with Natives | <input type="checkbox"/> Speakers Bureau/Presentations |
| <input type="checkbox"/> Garden Tours | <input type="checkbox"/> Letha's Youth Outdoors Fund | <input type="checkbox"/> Website/Social Media |
| <input type="checkbox"/> Grants/Awards | <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Youth Education |
| <input type="checkbox"/> Hikes/Field Trips | <input type="checkbox"/> Membership Development | |

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

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

*For Organization / Agency membership, supply the names and emails of two other staff who will receive INPAWS mailings at the same agency address: