

Montana Native Plant Society Membership Form

Name (please print clearly) _____

E-mail _____

Physical Address _____

City / State / ZIP _____ Phone _____

Newsletter Delivery preference _____ paper copy by mail _____ digital copy by email

Chapter Affiliation: *Members are welcome to affiliate with any chapter. Please select the chapter with which you wish to be affiliated:*

- ___ **Calypso** (Beaverhead, Madison, Deer Lodge, and Silver Bow Counties, Southwestern MT)
- ___ **Clark Fork** (Lake, Mineral, Missoula, Powell, and Ravalli Counties)
- ___ **Flathead** (Flathead and Lake Counties and Glacier National Park)
- ___ **Kelsey** (Lewis & Clark, Jefferson, and Broadwater Counties)
- ___ **Maka Flora** (Richland, Roosevelt, McCone, Sheridan, and Daniels Counties)
- ___ **Valley of Flowers** (Gallatin, Park, and Sweet Grass Counties and Yellowstone Park)
- ___ **Eastern-at-Large**
- ___ **Western-at-Large**

Membership in the MNPS runs March 1 through February 28th of the following year. Memberships processed before the end of October will expire the following February 28th; those processed after October 31, expire February 28th of the year after.

Memberships are processed on a quarterly basis so you may experience a slight delay in membership recognition and benefits. We appreciate your patience with our all volunteer organization.

Membership level	Dues w/affiliation	I am paying for _____ years	Donation*	Total amount enclosed
Individual	\$20			
Family	\$25			
Business/Organization	\$40			
Living Lightly	\$15			
Lifetime (one-time payment)	\$300 per household	-----		

*Additional donations to our general fund are greatly appreciated!

Make check payable to: **Montana Native Plant Society**
 and mail to: MNPS Membership
 P.O. Box 8783
 Missoula, MT 59807-8783

Check No. _____ Amount enclosed \$ _____