



Membership Application

Your name (please print)

Address

City, State

Zip Code

Area code and phone number

Email

Renewing

New Member (check one)

Student, \$25

Contributor, \$100

Life member, \$2,000

General, ~~\$50~~ \$25!

Sustaining, \$500

Please make check payable to Florida Wildflower Foundation Inc.



Show your Flower Power – get the plate!

Send to: Florida Wildflower Foundation

P.O. Box 941066

Maitland, FL 32794-1066