Wisconsin Hardy Plant Society
Membership Form

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

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

If you would like further membership information, please e-mail us at whps05@yahoo.com.

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE:_____

ZIP_____ PHONE:_____

E-MAIL ADDRESS:

_____

TYPE OF MEMBERSHIP: new _____ renewing _____

- ☐ INDIVIDUAL ☐ one year $10 ☐ two years $20
- ☐ FAMILY ☐ one year $15 ☐ two years $30
- ☐ BUSINESS ☐ one year $25
  (includes one free ¼ page ad in our newsletter)

Office use: AMT_____ C# _____ DD _____

SS_____ EM_____