



**Yes, I want to help Florida's wildflowers by becoming a member!**

Name

Business or Organization (if applicable)

Mailing address

City

State

Zip

Email

Phone

☐ New member

☐ Renewing member

**MEMBERSHIP LEVELS**

- |   |      |   |         |
|---|------|---|---------|
| <input type="checkbox"/> Student/Senior (65 or older) | \$15 | <input type="checkbox"/> Nonprofit organization | \$100   |
| <input type="checkbox"/> Individual                   | \$30 | <input type="checkbox"/> Business               | \$150   |
| <input type="checkbox"/> Household                    | \$50 | <input type="checkbox"/> Lifetime (individual)  | \$1,000 |

☐ I have a State Wildflower license tag, which entitles me to a FREE membership.

Tag #

Expiration date (Your birth month and day)

**Send this form along with your check made payable to  
Florida Wildflower Foundation Inc., P O Box 941691, Maitland, FL 32794-1691**

Or join online at [www.FlaWildflowers.org/membership](http://www.FlaWildflowers.org/membership).

**Time for a new tag? Pick a State Wildflower!**

☐ I would like to receive information on purchasing the State Wildflower license tag.

The \$15 fee from each tag purchase or renewal funds native wildflower research, education and planting programs.

