

## MEMBER RENEWAL NOTICE AND SURVEY

Your membership to the Colorado Native Plant Society recently expired and we hope that you'll renew. Our Society is led by volunteers and financially supported by members like you. We appreciate your support for the Society's work to enhance the appreciation and conservation of the Colorado native flora. To continue this support and retain all the benefits of membership including our quarterly publication of *Aquilegia*, discount admission to plant identification workshops, and participation in summer field trips, please take a moment to renew your membership now. In addition, please note that the Society offers *Aquilegia* by email as an option for our members who would like to reduce the amount of paper in their lives and in the world. If you would like to receive *Aquilegia* by email, please check the appropriate box below and make sure to include your current email address.

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Yes, I would like to receive *Aquilegia* **by email** as soon as possible!

MEMBERSHIP CLASS	
<input type="checkbox"/>	INDIVIDUAL - \$25
<input type="checkbox"/>	FAMILY/DUAL - \$35
<input type="checkbox"/>	SENIOR (65+) - \$17
<input type="checkbox"/>	FULL-TIME STUDENT - \$17
<input type="checkbox"/>	PLANT LOVER - \$50
<input type="checkbox"/>	SUPPORTING - \$100
<input type="checkbox"/>	PATRON - \$250
<input type="checkbox"/>	BENEFACTOR - \$500
<input type="checkbox"/>	LIFETIME - \$800



In addition to my membership, I am including a contribution to:

\$ \_\_\_\_\_ the John Marr Fund, an endowment in support of research on Colorado native plants;

\$ \_\_\_\_\_ the Myrna Steinkamp Fund, an endowment in support of research on rare Colorado flora; and/or

\$ \_\_\_\_\_ the Society, to enhance its annual operating budget.

*CONPS is a non-profit organization; dues and contributions are tax-deductible as provided by law.*

I do **NOT** want my name to appear in the newsletter as a contributor.

I wish to be affiliated with the following chapter – mark **only** one:

\_\_\_\_\_ BOULDER      \_\_\_\_\_ GORE      \_\_\_\_\_ METRO DENVER      \_\_\_\_\_ PLATEAU  
\_\_\_\_\_ NORTHERN      \_\_\_\_\_ SOUTHWEST      \_\_\_\_\_ SOUTHEAST

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### GIFT MEMBERSHIP

Please consider helping our Society to grow by giving a gift membership. The recipient will receive a welcome letter acknowledging your gift and describing the benefits of membership in the Society.

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

MEMBERSHIP CLASS	
<input type="checkbox"/>	INDIVIDUAL, \$25
<input type="checkbox"/>	FAMILY/DUAL, \$35
<input type="checkbox"/>	SENIOR, \$17
<input type="checkbox"/>	STUDENT, \$17



\*\*\*PLEASE COMPLETE THE OTHER SIDE OF THIS FORM\*\*\*