

Wildflower Society of Newfoundland and Labrador

Membership Form

Name _____

Street/PO Box _____

Town/City _____ Province/State _____

Country (if outside Canada) _____ Postal Code _____

Telephone (H) _____

E-mail address _____

E-mail address _____

(For Family Memberships)

Renewal or New Membership/s (circle one)

Total enclosed \$ _____

Date _____

Our subscription year runs from September to August. Membership is \$10 per year for an Individual or \$20 for a Family Membership. The Sarracenia is sent by email.

Please contact Karen Herzberg, Membership Secretary, at karenherzberg@warp.nfld.net if you have any questions and if you are renewing any questions concerning the status of your membership.

A receipt will be sent to you by e-mail.

Please mail completed form and cheque/money order to:

Membership Secretary Wildflower Society of Newfoundland and Labrador

c/o MUN Botanical Garden

Memorial University of Newfoundland

St. John's, NL, Canada, A1C 5S7