



Yes, I want to stop the spread of
invasive species today!

Last Name: _____ First Name: _____

Affiliation: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____ Email: _____

Annual dues (please check one):

- \$10.00 Student \$40.00 Family
 \$25.00 Individual \$100.00 Organization/agency
 _____ Additional tax-deductible donations accepted in any amount

Please fill out this form and mail it with your check to:

Invasive Plants Association of Wisconsin, Inc.
PO Box 5274
Madison, WI 53705-0274