New York Flora Association Membership Form

Membership Dues:

_____ New Membership $20
_____ Renewal $20 per year
_____ New Student Member (free for first year) School: ______________________
_____ Student Membership (continuing) $10 per year School: ______________________
_____ Additional donation to support the mission of NYFA

_____ Total $

Name: ____________________________________________
Address: _________________________________________
Address: _________________________________________
City: ______________________________ State: ______ Zip Code: ______
Email: ______________________________

Make checks payable to the New York Flora Association

Mail this form to:
NY Flora Association
PO Box 122
Albany, NY 12201-0122

Thank you for supporting NYFA and the flora of New York State

ver: 12 Dec 2014