

# MID-ATLANTIC INVASIVE PLANT COUNCIL

## Membership Application

Complete this form, make check payable to 'MAIPC' and mail to:

MAIPC  
Attn: Steve Young  
5617 5<sup>th</sup> St. S.  
Arlington, VA 22204

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone1: \_\_\_\_\_

Phone2: \_\_\_\_\_

Fax: \_\_\_\_\_

**\*Your information is for MAIPC use only and will not be shared without prior permission.**

### Categories

#### *Annual*

- |   |         |
|---|---------|
| <input type="checkbox"/> Student/Senior             | \$15    |
| <input type="checkbox"/> Individual/family          | \$25    |
| <input type="checkbox"/> Contributing               | \$50    |
| <input type="checkbox"/> Institutional              | \$150   |
| <input type="checkbox"/> Contributing Institutional | \$250   |
| <input type="checkbox"/> Sustaining Institutional   | \$1,000 |

#### *Lifetime*

- |  |       |
|--|-------|
| <input type="checkbox"/> Individual    | \$250 |
| <input type="checkbox"/> Institutional | \$500 |



[www.maipc.org](http://www.maipc.org)