

MID-ATLANTIC INVASIVE PLANT COUNCIL

Membership Application

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

MAIPC
Attn: Steve Young
5617 5th St. So.
Arlington, VA 22204

Name: _____

Address: _____

Email: _____

Phone1: _____

Phone2: _____

Fax: _____

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

Membership 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