# Southern Appalachian Plant Society 2026 Membership

Name(s) _____

Address _____

Town _____ State_____

Zip_____

Phone (_____)_____

Email_____

For new and renewing members: I am paying $20.00 for annual membership.
This can be an individual or family membership.

With an additional donation of $_____ I am providing gift membership(s) to the person(s) whose membership data is attached to this form. Each gift membership is $20.00. Include complete membership information for each gift membership.

I am further supporting SAPS programs and activities with an additional tax-deductible donation of $_____

I choose to receive the online Wheelbarrow. (The preferred method of providing The Wheelbarrow is digitally. Those who are unable to receive it by email may have a paper copy mailed to them.)

Please send your check made payable to SAPS for the total of your membership, donation and gifts along with this form to:

Kathleen Rettinger
4501 Palomino Drive
Kingsport, TN 37664