

**Friends of the Wild Flower Garden, Inc.**  
**P. O. Box 3793**  
**Minneapolis, Minnesota 55403**

**Membership Application**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Choose Membership Category:

Individual	\$15	<input type="checkbox"/>	Family	\$25	<input type="checkbox"/>
Sponsor	\$100	<input type="checkbox"/>	Life Member	\$500	<input type="checkbox"/>

Gift Membership  Please also select the gift member level.

Gift member \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mail this application along with your check payable to "The Friends of the Wild Flower Garden Inc." to:

Friends of the Wild Flower Garden  
c/o Members  
P O Box 3793  
Minneapolis, MN 55403

An acknowledgment of membership and membership card will be sent to you. The recipient of a gift membership will receive a letter of welcome from The Friends.

Renewal membership forms will be mailed to you when your annual membership expires.