

California Invasive Plant Council Membership and Donations

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Please select: New membership Renewal

Memberships run January - December. Those joining after July will be extended through the following year.

Name: _____

Organization (if applicable): _____

Mailing address: _____

City, State, Zip: _____

Daytime Phone: _____ **Email:** _____

- Check here to receive an electronic *Cal-IPC News* (pdf file for download) rather than a paper copy.
- Cal-IPC may occasionally exchange its membership list with like-minded organizations to help us grow our membership. Please check if you **DO NOT** want your information shared.

Individual Membership

- | | | |
|---|------|---|
| <input type="checkbox"/> Regular | \$40 | Joint members save \$5 per organization. |
| <input type="checkbox"/> Student/Volunteer/Low-income | \$20 | <input type="checkbox"/> Joint Cal-IPC/SERCAL \$65 |
| | | <input type="checkbox"/> Joint Cal-IPC/CNGA \$75 |
| | | <input type="checkbox"/> Joint Cal-IPC/SERCAL/CNGA \$105 |

Organization Membership

- Organization \$150

Organizational members may receive subscriptions to *Cal-IPC News* and field course discounts for two additional employees. Please list their names and email addresses here, and mailing addresses if different:

1. _____
2. _____

Additional Donation *(Donations beyond the regular membership level are tax-deductible.)*

Cal-IPC programs \$ _____ Friend (\$1-\$99), Contributor (\$100-\$249), Champion (\$250-\$499), Patron (\$500-\$999), Stewardship Circle (\$1000+)

- I'd like to consider a legacy gift. Please send me information on planned giving.

Payment

- Check** *(Make payable to "Cal-IPC" and mail to address above.)*
- Credit Card** *(MC, Visa, AmEx, Discover)* _____ Exp. _____

Total amount enclosed/to be charged \$ _____

Cal-IPC's federal i.d. number is 68-0289333