

**Texas Gulf Coast Fern Society
Membership Application/Renewal Form**

for Year(s):* 20 ____ - ____

Mail to: Chris Goodgame
PO Box 66116
Houston, Texas 77266

Check if Membership Directory
information is correct

Name(s): _____ / _____

Address: _____

Home #: _____

Cell #(s): _____ / _____

Email(s): _____

_____ Single Membership - \$10/yr _____ Family Membership - \$15/yr

* You may pay for multiple years. Please indicate the number of years you wish to pay _____
and the amount paid \$ _____. (Multiply annual membership by the number of years.)

If you wish to make a donation to the Society,
please indicate amount included.

Donation*: \$ _____

* Tax deductible to the maximum extent allowed by law

Receipt:

Name: _____

Received by: _____ Amount: _____