



Membership Application/Renewal Form

Please fill out this form and mail it with your payment in U. S. Dollars, payable to "Heliconia Society International". The mailing address for dues is:

*Heliconia Society International
Attention: David Lorence, Treasurer
c/o National Tropical Botanical Garden
3530 Papalina Road
Kalaheo, HI 96741 USA*

The membership period runs from July 1st to June 30th each year. If you join or renew in mid-year, we will send you any back issues of the quarterly Bulletin that you might have missed for the current membership year.

Annual Membership Dues

**(Please select membership level.
Point mouse over level title for explanation.)**

- Regular Individual Member - \$40
- PDF Individual Member - \$25
- Regular Family Member - \$45
- Contributing Member - \$50
- Contributing Life Member - \$1000
- Corporate Member - \$100
- Student Member - \$10
- Library Member - \$35

*Enter how many
years
dues you are paying:

Personal Details

*** = required fields for all members**

*First Name:

*Last Name:

*Address:

*City:

State:
(required if applicable)

*Country:

Post or Zip code:
(required if applicable)

*Telephone:

Facsimile:

*Email Address:

Check here whether you
want your email address
excluded or included in
the membership directory
(which is made available
ONLY to other HSI
members)

- Exclude Email Address
- Include Email Address