



LOUISIANA STATE HORTICULTURE SOCIETY

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MEMBERSHIP APPLICATION FORM

Application Year: _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail _____

Membership Category:

_____ Regular \$ 35.00

_____ Student \$ 10.00

_____ Sustained \$ 50.00

_____ Donor \$ 1000.00

Make checks payable to: **Louisiana State Horticulture Society or LSHS**

Mail to:

LOUISIANA STATE HORTICULTURE SOCIETY

Robert M. Turley, Treasurer

LSU AgCenter – Calcasieu Parish

7101 Gulf Hwy.

Lake Charles, LA 70607-7414