



Horticultural Art Society Application Form

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

Please check your desired membership level. Thanks for supporting HAS!

- Individual \$20
- Family \$35
- Patron \$60
- Lifetime \$500

I can help HAS with an additional donation of \$ _____

Membership dues and contributions are deductible as charitable donations.

Please make checks payable to:
HAS Inc.

Mail to:
Horticultural Art Society
P.O. Box 7706
Colorado Springs, CO 80933-7706

Questions? Please call: **719-357-9427**