Application for Membership in United Plant Savers
Botanical Sanctuary Network

Name _____
Address _____
Telephone/Fax _____
Email/Website _____
Business or Farm _____

Please provide details of your land, size, location, time on land, existing medicinal plant species, current conservation projects. What makes your land special?

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What educational programs are offered and on what basis (classes, walks, workshops, plantings)? How often are programs held?

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Please provide additional details describing why you want to be part of the UpS Botanical Sanctuary Network. (Use additional pages as needed)

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