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?

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

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