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