

## Membership Form

Membership Level: Check One

Family \$20.00       Business \$50.00

Individual \$15.00       Corporate \$100.00

Senior \$10.00       Benefactor \$500.00

New Membership       Renewal       Gift Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gift membership from: \_\_\_\_\_