

MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone (+ Area code): \_\_\_\_\_

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

Type of credit card (VISA, MC only - **Sorry No** AMEX): \_\_\_\_\_

Name on credit card \_\_\_\_\_

Number \_\_\_\_\_

Exp.Month/Yr \_\_\_\_\_ CVC \_\_\_\_\_

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Please indicate category of membership desired:

- \_\_\_\_\_ Benefactor...\$1,000.
- \_\_\_\_\_ Donor...\$500.
- \_\_\_\_\_ Patron...\$300.
- \_\_\_\_\_ Supporting...\$200.
- \_\_\_\_\_ Contributing/dual...\$125.
- \_\_\_\_\_ Contributing/single...\$90.
- \_\_\_\_\_ Family/dual...\$75.
- \_\_\_\_\_ Individual...\$45.
- \_\_\_\_\_ Student (full time)...\$10.