

Come join us! We're not just for the birds.

MEMBERSHIP APPLICATION

- Membership Renewal New Membership
 Gift Membership Name for Gift Card: _____

Special Instructions for Gift: _____

Member's Information

Last Name: _____
 First Name(s): _____
 Mr. Ms. Mrs. Mr. & Mrs. Other (Please specify): _____
 Street Address: _____
 City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

Membership Type

- Student \$20 Individual \$30 Dual/Family \$60
 Contributing \$80 Sustaining \$100 Donor \$500

Method of Payment

Check Enclosed: No. _____ Amount: \$ _____
 Credit Card (MC/Visa) No. _____ CVV # _____
 Expiration Date: _____ Name on Card: _____
 Signature: _____

Information Request

- Business Partner Membership Become a Volunteer Teacher Naturalist Program
 Children's Summer Camp Preschool Programs
 School Programs Memorial Planned Giving

Visit our Website - www.bcas.org