



# Membership Form

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

Company Name (if applicable): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

## Membership Levels (check one)

(All memberships payable each October)

<u>Annual</u>	<u>Life</u>	<b>TOTAL DUE:</b> _____
<input type="checkbox"/> Individual \$15	<input type="checkbox"/> Individual Life \$250	
<input type="checkbox"/> Family \$25	<input type="checkbox"/> Family Life \$350	<b>Payment Type</b>
<input type="checkbox"/> Patron \$50	<input type="checkbox"/> Benefactor \$1,000	Cash* <input type="checkbox"/>
<input type="checkbox"/> Corporate \$200		Check* <input type="checkbox"/>

To save on printing and postage costs, would you like to receive the monthly newsletter by e-mail?

Yes  No

Thank you for supporting Friends of Noxubee Refuge.  
We look forward to your participation in our upcoming events.

\*Cash or check, drop-off at Refuge Office in Marked Envelope or Mail to:

*Friends of Noxubee Refuge  
ATTN: Membership Chair  
13723 Bluff Lake Rd.  
Brooksville, MS 39739*