

Membership Application

(please print)

Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

Membership Categories

(Please check one)

	<u>1 Year</u>	<u>2 Year</u>
Student	___ \$10	___ \$15
Senior (62+)	___ \$10	___ \$15
Individual	___ \$15	___ \$25
Family	___ \$25	___ \$40
Organization	___ \$25 (student or civic group)	
Corporate	___ \$50	___ \$80
Lifetime	___ \$300	

AMOUNT ENCLOSED \$ _____

Please make checks payable to: Friends of Sherburne

Please mail application to:
Friends of Sherburne NWR
17076 293rd Avenue
Zimmerman, MN 55398

Membership fees are tax deductible.