



## MEMBERSHIP APPLICATION

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

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

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

### Membership Level:

- |   |       |   |         |
|---|-------|---|---------|
| <input type="checkbox"/> Senior/Student | \$25  | <input type="checkbox"/> Individual       | \$40    |
| <input type="checkbox"/> Family         | \$60  | <input type="checkbox"/> Donor            | \$250   |
| <input type="checkbox"/> Contributor    | \$125 | <input type="checkbox"/> Norcross Society | \$1000+ |
| <input type="checkbox"/> Sponsor        | \$500 |   |         |

### Payment:

- Cash     Check     Credit

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Signature \_\_\_\_\_