

Individual Application

Name			
Address			
City	State	Zip	
Home Phone			
Work Phone			
Other (cell)			
Email			
Membership Level Payment	enclosed		
Student or Restricted Income	\$15		
Individual	\$25		
Family	\$40		
Friend	\$50		
Patron	\$100		
Donor	\$250		
Sponsor	\$500		
Founder	\$1000		