



# Membership Join or Renew

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

- I prefer receiving the color digital version of the monthly newsletter as a PDF file via email.
- I prefer not to be published in the annual January membership roster.

**Please select your membership category:**

	<b>Wild</b>	<b>Wilder</b>	<b>Wildest</b>
Household Membership	<input type="checkbox"/> \$37	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100+
Limited Income/Full-Time Student Membership	<input type="checkbox"/> \$20		
Household Lifetime Membership	<input type="checkbox"/> \$1500 (Or 3 annual payments of \$500)		
Affiliate Not-for-Profit Organization Membership	<input type="checkbox"/> \$90	<input type="checkbox"/> \$120	<input type="checkbox"/> \$150
Business Membership	<input type="checkbox"/> \$250	<input type="checkbox"/> \$600	<input type="checkbox"/> \$1,200
Gift Household Membership	<input type="checkbox"/> \$37	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100+

*If this is a gift membership, please put your name below to let the recipient know it is from you:*

\_\_\_\_\_

- I would like to make an additional donation to support the Wild Ones Rock River Valley Chapter for: \$ \_\_\_\_\_

Please make your **check payable** to **Wild Ones** and mail it to:

**Wild Ones**  
 Rock River Valley Chapter  
 1643 N. Alpine Rd., Suite 104  
 PMB 233  
 Rockford, IL 61107-1464

I have enclosed \$ \_\_\_\_\_ to  start/  renew my membership for \_\_\_\_\_ year(s).