



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- I prefer not to be published in the annual January membership roster.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:

Household Membership/Gift
 Limited Income/Full-Time Student
 Household Lifetime Membership
 Affiliate/Not-for-Profit Organization
 Business

Wild	Wilder	Wildest
<input type="checkbox"/> \$40	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100+
<input type="checkbox"/> \$25		
<input type="checkbox"/> \$1500 (Or 3 annual payments of \$500)		
<input type="checkbox"/> \$90	<input type="checkbox"/> \$120	<input type="checkbox"/> \$150
<input type="checkbox"/> \$250	<input type="checkbox"/> \$600	<input type="checkbox"/> \$1,200

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
 2285 Butte des Morts Beach Road
 Neenah, WI 54956

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