



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- I prefer not to be published in the annual January membership roster.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

	Wild	Wilder	Wildest
Household Membership/Gift	<input type="checkbox"/> \$40	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100+
Limited Income/Full-Time Student	<input type="checkbox"/> \$25		
Household Lifetime Membership	<input type="checkbox"/> \$1500 (Or 3 annual payments of \$500)		
Affiliate/Not-for-Profit Organization	<input type="checkbox"/> \$90	<input type="checkbox"/> \$120	<input type="checkbox"/> \$150
Business	<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
 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).