

Membership Application

New ___ Renewal ___ Gift* ___

Name: _____

First Name of Partner: _____

Address: _____

City: _____

State: _____ Zip: _____

*If gift, the gift is from: _____

Phone: _____

Payment Information

Total Amount Enclosed: _____

Check: _____ Master Card: _____ Visa: _____ American Express: _____

Expiration Date: _____

Card Number: _____

Help us go green and provide your e-mail address for e-newsletters and notifications about classes, trips and special events:

E-mail: _____