

Membership Application

(Please Print)

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

E-MAIL _____

PHONE (_____) _____

Membership Categories

(Please Check One)

	<u>1 Year</u>	<u>2 Year</u>
Student	____ \$10	____ \$15
Senior (62+)	____ \$10	____ \$15
Individual	____ \$15	____ \$25
Family	____ \$25	____ \$40
Organization	____ \$25 (student or civic group)	
Corporation	____ \$50	____ \$80
Lifetime	____ \$300	

AMOUNT ENCLOSED \$ _____

Please make checks payable to: Friends of Crane Meadows NWR

Please mail application to:

Friends of Crane Meadows NWR
19502 Iris Road
Little Falls, MN 56345

Membership fees are tax deductible

_____ I would like the monthly meeting minutes