



**Please Circle One: Renewal / New Member**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Annual dues:**

- (Check one)
- |                                 |          |
|---------------------------------|----------|
| _____ Household.....            | \$ 20.00 |
| _____ Student/Senior.....       | \$ 10.00 |
| _____ Patron.....               | \$ 50.00 |
| _____ Life (individual).....    | \$200.00 |
| _____ Life (couple/family)..... | \$250.00 |
| _____ Additional donation:..... | \$ _____ |

Send this form along with payment to:

Washtenaw Audubon Society  
PO Box 130923  
Ann Arbor, MI 48113-0923