

FRIENDS OF READ WILDLIFE SANCTUARY

MEMBERSHIP APPLICATION

NEW Membership _____

Membership RENEWAL* _____

**Existing membership card will be reactivated unless a new card is requested _____*

Full Name _____

Email Address _____

(For renewals: check box if this is a new email address)

Phone number _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

MEMBERSHIP LEVEL

_____ \$25 INDIVIDUAL

_____ \$50 FAMILY

_____ \$100 GROUP

_____ \$250 BENEFACTOR



Membership levels at Family or above are eligible for 2 cards. If you'd like a second card, please provide second name/email address:

DONATIONS of any amount are welcome and are used to support wildlife management, conservation, and educational programs.

_____ DONATION

*Please make your check payable to **Friends of Read Wildlife Sanctuary** and mail with this form to:*

Treasurer
Friends of Read Wildlife Sanctuary
P.O. Box 548
Rye, NY 10580