



# Membership Form

Date \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Membership Categories**

- |                              |                                 |
|------------------------------|---------------------------------|
| _____ Supporter \$100        | _____ Patron \$500              |
| _____ Affiliate \$25 to \$59 | _____ Sponsor \$150             |
| _____ Associate \$60         | _____ Benefactor \$250          |
|                              | _____ Director's Circle \$1,000 |
|                              | _____ President \$1,000 and up  |

**Contribution Method**

Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Automatic Transfer (please contact the Backus office to set up ACH)

Credit Card: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_

3-digit code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Total payment at once

Monthly payment: Please send monthly reminder \_\_\_\_\_

OFFICE USE ONLY: Membership Card \_\_\_\_\_ Card \_\_\_\_\_ Date \_\_\_\_\_ Vol \_\_\_\_\_

**Citizens for Backus/AB Membership**

As a 501(c)(3) non-profit corporation, your membership contribution is tax-deductible.

Please retain this lower portion for your records.

Date: \_\_\_\_\_ Amount Contributed \$ \_\_\_\_\_ Check # \_\_\_\_\_

Please return membership form to: Backus Community Center  
900 5th Street  
International Falls MN 56649