



Membership Form

Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Phone 2: _____

Membership Categories

- | | |
|------------------------------|---------------------------------|
| _____ Supporter \$100 | _____ Patron \$500 |
| _____ Affiliate (Under \$60) | _____ Sponsor \$150 |
| _____ Associate \$60 | _____ Benefactor \$250 |
| | _____ Director's Circle \$1,000 |
| | _____ President \$1,000+ |

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