



## Annual Membership Application/Donations

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

Organization: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Individual Membership      \$25.00
- Organizational Membership      \$100.00
- Donation      \$ \_\_\_\_\_
- Total      \$ \_\_\_\_\_

Date of Payment \_\_\_\_\_  Check# \_\_\_\_\_  Cash

New Member       Renewal Membership



PO Box 648 • Montevallo, Alabama 35115