



Annual Membership Application Form: Year _____

Membership Options:

- Individual Membership \$25
- Student Membership \$ 3
- Family Membership \$40
- Business/Organization
 - Business \$50
 - Non-Profit Organization \$40

Membership Type:

- New
- Renewal

Contribute:

Amount: \$ _____

Main Contact Person:

Other Contact (for Family Membership Only):

Business/Organization (for Business & Non-Profit Memberships Only):

Address (Street Address/PO Box):

City, State & Zip Code:

Contact Phone:

Email:

Please list all information to assist us in maintaining accurate membership records. We use email as our primary method of communication to our members to help reduce our personal impact on the environment. If you do not have an email address, we will continue to mail information to you directly.

Please make checks payable to:

Wings Over Alma, Inc.
Post Office Box 191
Alma, Wisconsin 54610

We appreciate your continued support of the Wings Over Alma Nature & Art Center. Thank you for being a member.

Keep informed by visiting us online at www.wingsoveralma.org.