

**Annual Membership
Application Form
For 20__**



Membership Options:

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

Type: New Renewal

Membership Dues: \$ _____
 Donation: \$ _____
 Total: \$ _____

Comments:

Contacts		
1 st Name:	Last Name:	
2 nd Name:	Last Name:	
Address:		
City:	State:	Zip Code:
Email Address:		
Business/Non-profit:		
Telephone #:	Cell: <input type="checkbox"/>	Landline: <input type="checkbox"/>
Add'l. Telephone #:	Cell: <input type="checkbox"/>	Landline: <input type="checkbox"/>

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.