

Membership Application

EASTERN CHAPTER FOUNDATION FOR NORTH AMERICAN WILD SHEEP



Please check the appropriate box(es), complete the information clearly and in full, and return to the Eastern Chapter FNAWS office with your payment.

MEMBERSHIP RATES

Annual Membership: \$35.00/year NEW RENEWAL \$ _____

Family Membership: \$50.00/year NEW RENEWAL \$ _____

Youth Membership: \$10.00/year NEW RENEWAL \$ _____

Life Membership: \$350.00** NEW **TOTAL:** \$ _____

PAYMENT

Please make your check out to **Eastern Chapter FNAWS**. If paying by Visa or Master Card (ONLY) complete the following

Card #: _____ Expires: _____ VISA

Signature: _____ MASTERCARD

MEMBER INFORMATION

DATE: ___ / ___ / ___

NAME: _____ SPOUSE'S NAME: _____

YOUTH MEMBER AGE: _____ M F CONTACT NAME: _____

OUTFITTER/BUSINESS NAME: _____

ADDRESS: _____ CITY: _____

STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

HOME PHONE: _____ ALTERNATE PHONE: _____ WORK CELL

EMAIL: _____ REFERRED BY: _____

Please enclose your payment in full for your dues. Renewal notices will be sent in time to insure your voting privilege. Please be prompt in responding.

**PAYMENT PLANS ARE AVAILABLE FOR LIFE MEMBER APPLICATIONS. TWO (2) INSTALLMENTS OF \$175.00 EACH (\$350.00). TO BE ELIGIBLE TO VOTE, MEMBERSHIP MUST BE PAID IN FULL BY SEPTEMBER OF THE CALENDAR YEAR.

Eastern Chapter Foundation for North American Wild Sheep

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