



Membership Form

Membership Rates

Individual Membership	\$35/year	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	\$ _____
Family Membership (includes children under 18)	\$50/year	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	\$ _____
Youth Membership (12 to 18 yrs)	\$10/year	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	\$ _____
Life Membership (May be paid in two [2] installments of \$175 each)	\$350 (one time)	<input type="checkbox"/> New		\$ _____

TOTAL: \$ _____

Payment

Please make your check payable to Eastern Chapter WSF. If paying by Visa or MasterCard, please complete the following:

Card #: _____ Exp. Date: _____

Signature: _____

Member Information

Name: _____ Spouse's Name: _____

*Youth Member Name: _____ *Youth Date of Birth: _____

*Youth Contact: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Alternate Telephone: _____

E-mail: _____ Referred By: _____

Please include your payment with this form.
A member is entitled to vote if they are a member in good standing and their dues are current.
Renewal notices will be sent in time to ensure your voting privilege.

Please send completed form to:

Eastern Chapter of the Wild Sheep Foundation
315 A Carol Lynn Drive, Willow Street, PA 17584 • Phone: 717.435.8023 • Fax: 717. 435.8026 • E-mail: info@ecfnaws.org • Website: www.ecfnaws.org

For Office Use Only:

Date Paid: _____ Annual Membership Expiration Date: _____

Method of Payment: Cash _____ Check # _____ Credit Card _____