

**FRIENDS OF BLACKWATER
MEMBERSHIP APPLICATION**

Name: _____

Address: _____

E-mail* _____

***This is requested in an attempt to lower mailing costs. It will not be sold or shared. Please print clearly! Remember to add our address fobmemberships@gmail.com to your contact list.**

Check here if you would like to receive our monthly email newsletter, which is sent electronically to advise of news and upcoming events. Remember to add webmaster@friendsofblackwater.org to your contact list.

Telephone: _____

Annual Membership

(select one)

New Member Renewal

Membership Level

(circle one)

Individual \$15 Family \$20 Student \$5 (K-12)

Heron \$30 Falcon \$60 Eagle \$100 Sponsor \$250 Life \$1,000

Make checks payable to: Friends of Blackwater, Inc. and mail to P.O. Box 1231, Cambridge, MD 21613. If using a credit card, please indicate from the following:

___American Express ___Discover ___VISA ___MasterCard

Name (as it appears on your card) _____

Card Number _____ Expiration Date _____

Include 3 digit number found on signature strip **(required)**: _____

Signature _____