

Bird Conservation Research, Inc.

Membership Form

Current Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _(____)_____

E-mail: _____

Please check the level of membership you are interested in:

_____ \$25 Regular Membership

_____ \$35 Family Membership

_____ \$50 Sustaining Member

_____ \$100 Contributing Member

_____ \$250 Patron

_____ \$500 Benefactor

_____ \$1000 Grand Benefactor

Make your check payable to Bird Conservation Research, Inc. Please mail your check and this completed form to:

Bird Conservation Research, Inc.

P.O. Box 84

Hadlyme, CT 06439