



# Membership Application

Date \_\_\_\_\_

New Member

Membership Renewal

Student..... \$ 5

Name \_\_\_\_\_

Individual ..... \$ 15

Street \_\_\_\_\_

Family..... \$ 25

City, State Zip \_\_\_\_\_

Supporting..... \$ 50

Telephone \_\_\_\_\_

Benefactor..... \$100

Email \_\_\_\_\_

Sponsor/Org..... \$250

Lifetime..... \$500

Signature \_\_\_\_\_

Additional contribution \$\_\_\_\_\_

Make checks payable to Friends of the Loxahatchee Refuge

Please mail your check and this form to:

Friends of the Loxahatchee Refuge

P.O. Box 6777

Delray Beach, FL 33482-6777

