

Individual AWCF Membership Application

(First Name) (Initial) (Last Name)

- Mr. _____
 Mrs. (Suffix)
 Ms.
 Dr.

(Job or Position Title, if any)

(Street Address) (P.O. Box)

- This address is:
 Home
 Business
 Student/Temp

(City) (State) (Zip Code)

Personal Phone: _____
(Area code) (Extension)

Business Phone: _____
(Area code) (Extension)

(E-mail Address)

A check or money order is enclosed for the amount of \$_____
(Sorry: no credit cards, no cash please.)

(Name of organization where I work, if any)

How I learned about the American Wildlife Conservation Foundation:

- From a current AWCF Member _____
(Name)
 Internet/Online Brochure Article Other _____

Some skills/background that I have which may be of interest to the American Wildlife Conservation Foundation include (optional):

I am interested in learning more about donating to the AWCF Endowment.

Membership dues are \$50.00 (and any amount more), renewed every January. All membership dues are tax deductible.

Please mail this completed membership application to: Dr. Peg Sauer, 13 Beaver Dam Road, Voorheesville, NY 12186