



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)

(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):

Regular annual membership is \$20, student membership is \$10, renewed every January.

- I am interested in learning more about donating to the AWCF Endowment. The American Wildlife Conservation Foundation, Inc. is 501 (C) (3) non-profit organization.

Please mail this completed membership application to: Dan Wentworth, Treasurer, AWCF, PO Box 231, Union Springs, NY. 13160