Support your watershed - Join the Friends of the Black River

☐ **Enroll me as a member**
☐ **I would like to give this membership as a gift**
(Card will be sent to recipient)

Occasion_____

Your name_____

Membership Categories (check one)

☐ $1.00 Youth (up to age 18)
☐ $20.00 Individual
☐ $25.00 Family
☐ $30.00 Business
☐ $50.00 Cornerstone Member

I would like to give an additional contribution in the amount of $_____

I'm interested in serving on a committee:

☐ Land Preservation and Advocacy
☐ Fundraising and Membership Recruitment
☐ Programming
☐ Clean ups and Special Events
☐ Landings
☐ **I am Interested in becoming a board member**

PLEASE PRINT

Name _____

Address _____

_____

_____

__ Jackson County Chapter

__ Clark County Chapter

Phone _____

Email _____

Return registration form and checks payable to:

Friends of the Black River
PO Box 475
Black River Falls, WI 54615

Please check here __ if you would like to receive a receipt.