**Support your watershed - Join the Friends of the Black River**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ 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

**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)**

I’m interested in serving on a committee:

$1.00 Youth (up to age 18)

$20.00 Individual

$25.00 Family

$30.00 Business

$50.00 Cornerstone Member

Land Preservation and Advocacy

Fundraising and Membership Recruitment

Programming

Clean ups and Special Events

Landings

**I am Interested in becoming a board member**

**I would like to give an additional contribution**

**in the amount of $\_\_\_\_\_\_\_\_**

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

PLEASE PRINT