

# Jackson Audubon SOCIETY Membership Form

## *Membership or Donor Information:*

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Membership Types

___ \$10	Adult Individual	___ \$25	Contributing
___ \$5	Student/Senior	___ \$50	Sustaining
___ \$15	Family	___ \$100	Donor
___ \$500	JAS Life Member		

\$\_\_\_\_\_ Total Amount Enclosed

*Mail this form and a check payable to  
"Jackson Audubon Society" to:*

**Jackson Audubon Society  
P. O. Box 6453  
Jackson, MI 49204**