



John Burroughs Natural History Society

Membership Form

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Telephone: _____ E-mail *The Chirp* to me at: _____

I enclose (check one): _____ \$15 for individual or family membership **OR** _____ \$150 for a life membership

Membership Type (circle one): Individual **OR** Family

_____ Additional donation

Gift Membership to:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Telephone: _____ E-mail *The Chirp* to: _____

Please make checks payable to JBNHS and mail to:

Lin Fagan
281 West Chestnut Street
Kingston, NY 12401