



# John Burroughs Natural History Society

## Membership Form

Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail *The Chirp* to me at: \_\_\_\_\_

I enclose (check one): \_\_\_\_\_ \$25 for individual or family membership **OR** \_\_\_\_\_ \$250 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:

Mary Moxham  
PO Box 4223  
Kingston, NY 12402