



# Membership Form

Print and Complete form

Make check Payable To:  
Friends of Crab Orchard Refuge

Mail Check To:  
Friends of Crab Orchard Refuge  
6987 headquarters Road  
Marion, IL 62959

## Membership Information

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

## Membership Types

<input type="checkbox"/>	Annual Single Student (age 16 and above)	\$5.00
<input type="checkbox"/>	Annual Individual	\$10.00
<input type="checkbox"/>	Annual Family	\$20.00
<input type="checkbox"/>	Annual Business	\$100.00
<input type="checkbox"/>	Lifetime	\$250.00