North American Bluebird Society, Inc. Membership Form

- New Membership
- Renewal
- NABS ID# ________
- Gift Subscription from: ____________________________

For: Name:__________________________________________
Address:________________________________________________________________
City:________________________ State/Province: _____
Zip:_________ Phone:______________________________
Email:______________________________________________

How did you learn about NABS membership?
________________________________________________________________________

Please circle one: 1 Year  2 Years  3 Years  4 Years

Please check membership type below and multiple that $ amount by the number of years circled for membership payment due. Add any donation amount for total amount due.

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Household</th>
<th>Single</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscribing</td>
<td>$35.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Supporting</td>
<td>$50.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>Contributing</td>
<td>$85.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Guardian</td>
<td>$110.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>Life</td>
<td></td>
<td>$500.00</td>
</tr>
<tr>
<td>Organization</td>
<td></td>
<td>$50.00</td>
</tr>
<tr>
<td>Small Business</td>
<td></td>
<td>$50.00</td>
</tr>
<tr>
<td>Corporation</td>
<td></td>
<td>$125.00</td>
</tr>
<tr>
<td>&quot;A +&quot; (for Affiliate Members only)</td>
<td></td>
<td>$15.00</td>
</tr>
</tbody>
</table>

A+ (one year, one time introductory membership offer for NABS Affiliate members only)

Name of Affiliate organization:______________________________________________

Additional Donation  □ $10.00  □ $25.00  □ Other ________

An on-line membership form or payment through PayPal is available online at www.nabluebird society.org

- Check enclosed (Note: Canadian Members use Postal or Bank Money Order in US Funds only)
- Visa □  MasterCard □

Card # __________________________________________________________
3 digit security code on reverse side: __________
Name on Card: ________________________________
Billing Address for Card: _________________________
Expire: ______ Signature: _______________________  We do not share or sell our NABS membership list.

Payment must be in U.S. funds.
Mail to:
North American Bluebird Society
P.O. Box 7844
Bloomington, IN  47407

Total Amount Paid or Charged to CC:___________

NABS is a tax-exempt organization – I.R.S. Code Sec. 501(c)(3)

Revised – April 2020