

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.

	Household	Single
Subscribing	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$25.00
Supporting	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$40.00
Contributing	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$75.00
Guardian	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$100.00
Life		<input type="checkbox"/> \$500.00
Organization		<input type="checkbox"/> \$50.00
Small Business		<input type="checkbox"/> \$50.00
Corporation		<input type="checkbox"/> \$125.00
"A +" (for Affiliate Members only)		<input type="checkbox"/> \$15.00

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

Name of Affiliate organization: _____

Please check if you prefer to receive only the digital version of *Bluebird*.

Additional Donation \$10.00 \$25.00 Other _____

An on-line membership form and payment through PayPal is available online at www.nabluebirdsociety.org

Check enclosed (Note: Canadian Members use Postal or Bank Money Order in **US Funds only**)

Visa MasterCard

We do not share or sell our NABS membership list.

Card # _____

3 digit security code on reverse side: _____

Name on Card: _____

Billing Address for Card: _____

Expire: _____ Signature: _____

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)