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## MEMBERSHIP

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| ☐ Individual *(Adult)* | $40.00 | ☐ $60.00 |
| ☐ Military Family | $50.00 | ☐ $70.00 |
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☐ Bronze Level ..... $250.00
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☐ NEW MEMBER ☐ RENEWAL

*Please print your name(s) as it should appear on Membership cards and in publications.*

Name: _____

Spouse: _____ Add one Adult: _____

Military ID: _____ Teacher's School: _____

Address: _____

City: _____ State: _____ ZIP: _____

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☐ Please make this membership a gift! [ ☐ Send gift to recipient ☐ Send gift to billing address ]

Gift for (Name): _____

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***School teachers receive a discount as part of our Corporate Program. Must be actively teaching in a school system to qualify.***

## METHOD OF PAYMENT

☐ CASH
☐ CHECK
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Amount enclosed: _____

Charge: $ _____ ☐ Mastercard ☐ Visa

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