MEMBERSHIP FORM



The organization receives partial funding from NDEQ, memberships, and other fund raising projects. Your membership and support of KCCB will help us reach our goals for the coming year. Thank you! Name: _____ Organization/Company: ____ Mailing Address: ______ (Street or P.O. Box) City: _____ State: ____ Zip: _____ Email: ______ Telephone: (____)____ **Categories of Membership (Please check one)** _____ Diamond\$500 or more for one year _____ Platinum\$150 for one year Silver \$50 for one year __ Individual \$20 for one year Your paid membership entitles you to receive several free benefits. Please indicate the benefits you would like to receive below. Items left blank will not be sent and that portion of your contribution will be used for educational programs. Yes (Please send) No (Please utilize my contribution for educational programs) Our newsletter (ecology information, projects, and future events) (Newsletter will be sent by email unless otherwise requested.) For Gold, Platinum, and Diamond Members Only: _____ Membership plaque (or disc for renewals) _____ Corporate logo on our website _____ Listed as a sponsor in our quarterly newsletters

Please make checks payable and return this form to:

Keep Cass County Beautiful

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