

Membership/Contribution Mail-in Form

All Memberships Include Receipt of BRAW's Wisconsin Bluebird Newsletter

Please Print Clearly

| I am completing this form to: | , and the second se |
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| | Name: |
| ☐ Join BRAW as New Member | Address: |
| | City: State: Zip Code: |
| Renew my BRAW Membership | Email Address: |
| | Telephone Number: () |
| ☐ Make a Gift Membership | |
| | County of Residence: |
| | |
| | |
| Please Select Desired Membership: | |
| \$10 Gift Membership (Online version of Wisconsin Bluebird e-mailed mailed to you) | |
| | ip (Online version of Wisconsin Bluebird e-mailed mailed to you) |
| \$20 Online Paperless Issue via emai | |
| | mbership (Hard copy of Wisconsin Bluebird mailed to you via USPS) |
| \$100 Corporate Annual Membership | |
| \$300 Life Membership | |
| Please Select Desired Contribution to Su | ipport BRAWS' Ongoing Bluebird Field and Research Activities |
| ☐ \$15 for nest box construction with | post and predator guard |
| \$100 for nest box trail | |
| <pre>\$ for Bluebird Research</pre> | |
| ☐ In addition to my membership contri | ibution, I wish to contribute \$ (contributions to BRAW are Tax deductible). |
| Enclosed please find my check/money of | order made out to BRAW, Inc. (please do not send cash) \$ |
| Please mail this membership/contribution request to: | |
| BRAW, Inc. | |
| Valerie Van Winkle | |
| P O Box 628492 | |

Memberships expire as noted on your mailing label, and should be renewed immediately to ensure continued access to newsletters.

Middleton, WI 53562