

Membership/Contribution Mail-in Form

All Memberships Include Receipt of BRAW's Wisconsin Bluebird Newsletter

Please Print Clearly

I am completing this form to:	
	Name:
☐ Join BRAW as New Member	Address:
	City: State: Zip Code:
\square Renew my BRAW Membership	Email Address:
	Telephone Number: ()
☐ Make a Gift Membership	
	County of Residence:
Please Select Desired Membership:	
\$15 Student or Teacher Membersh\$20 Online Paperless Issue via ema	embership (Hard copy of Wisconsin Bluebird mailed to you via USPS)
Please Select Desired Contribution to S	upport BRAWS' Ongoing Bluebird Field and Research Activities
\$15 for nest box construction with	n post and predator guard
\$100 for nest box trail	
<pre>\$ for Bluebird Research</pre>	
☐ In addition to my membership conti	ribution, I wish to contribute \$ (contributions to BRAW are Tax deductible).
Enclosed please find my check/money	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