

Membership/Contribution Mail-in Form

All Memberships Include Receipt of BRAW's Wisconsin Bluebird Newsletter

am completing this form to:	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 Me	mbership:	
\$10 Annual Gift Membership (Ont\$15 Student or Teacher Members			your gift recipient)
Specification (2007) \$20 Online Paperless Issue via em	nail		
\$25 individual or Family Annual N	Membership (Hard copy of Wisc	consin Bluebird mailed to y	ou via USPS)
\$100 Corporate Annual Membersh	nip		
\$300 Life Membership			
Please Select Desired Contribution	to Support BRAWS' Ongo	oing Bluebird Field an	d Research Activities
\$15 for nest box construction with	th post and predator guard		
\$100 for nest box trail			
\square \$ for Bluebird Research			
In addition to my membership con	tribution, I wish to contribute	e \$ (contributions	to BRAW are Tax deductible).
Enclosed please find my check/money	v order made out to BRAV	V. Inc. (nlease do not sen	nd cash) \$
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Please mail this membership/contribution request to:

BRAW, Inc.

Valerie Van Winkle

P O Box 628492 Middleton, WI 53562

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