



Membership Form

Name(s): _____

Company name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone(s): _____

E-mail address(es): _____

Membership Levels (check one)

- (dues valid through January 1)
- | | | | |
|----------------------------|--------|---------------------------|------|
| <i>Basic Membership</i> | \$25 | <i>Student Membership</i> | \$15 |
| <i>Individual Lifetime</i> | \$500 | | |
| <i>Corporate Lifetime</i> | \$1000 | | |

Monthly sustainer (choose a suggested level or set your own)



Include an additional monthly or one-time contribution to Friends of the Noxubee

- \$5/month (\$60/year)
- \$10/month (\$120/year)
- \$15/month (\$180/year)
- \$20/month (\$240/year)
- \$25/month (\$300/year)

I'd like to contribute an additional \$ _____

All contributions are tax deductible

Payment Type*

Cash Check Credit Card* PayPal*

**Fee for PayPal or Credit Card - \$1*

Fees \$ _____

Total Due \$ _____

Credit card and PayPal payments can be made by visiting our membership website at <https://www.friendsnoxref.org/membership/>. Credit card payments also can be processed at the Refuge Visitor's Center

Cash payment: Drop this form and payment in a marked envelope at the Refuge Visitor's Center

Check payment: Drop this form and check at Refuge Visitor's Center or mail to: *Friends of Noxubee Refuge
ATTN: Membership Chair
13723 Bluff Lake Rd.
Brooksville, MS 39739*

**Thank you for supporting Friends of Noxubee Refuge.
We look forward to your participation in our upcoming events.
FONR is a 501(c) entity**