



# Membership Application

Application Date: _____
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<input type="checkbox"/> Student /Teacher \$15 <input type="checkbox"/> Individual \$20 <input type="checkbox"/> Family \$25 (immediate household) <input type="checkbox"/> Supporting \$100 <input type="checkbox"/> Sponsor \$250+			
Name: _____		Address: _____	
City: _____		State & Zip Code: _____	
Phone: _____		Email: _____	
Family Membership (List the name and email of up to two adult members of the household for voting privileges): _____			
List other non-voting household members: _____			
<b>Check all areas of interest:</b> <input type="checkbox"/> Special Events Volunteer	<input type="checkbox"/> Volunteering at Visitor Center <input type="checkbox"/> Canoe Trips	<input type="checkbox"/> Youth Summer Camp <input type="checkbox"/> Photo Opportunities on Refuges	<input type="checkbox"/> Board of Directors <input type="checkbox"/> Other
<b>Mail application to:</b> Friends of Louisiana Wildlife Refuges (FLWR) 61389 Hwy 434 Lacombe, Louisiana 70445		<b>Contact Us:</b> <a href="http://www.flwr.org">www.flwr.org</a> Facebook.com/LouisianaFriends lwrfriends@gmail.com	

Note: Memberships are for one year from application date.