

Lower Susquehanna Riverkeeper® Membership Application

Level of Membership Desired: (check one)

- | | |
|---|--|
| <input type="checkbox"/> \$1,000 Visionary | <input type="checkbox"/> \$500 Steward |
| <input type="checkbox"/> \$250 Friend | <input type="checkbox"/> \$100 Contributor |
| <input type="checkbox"/> \$50 Family | <input type="checkbox"/> \$35 Individual |
| <input type="checkbox"/> \$25 Student | <input type="checkbox"/> \$25 Senior |
| <input type="checkbox"/> I am enclosing an additional contribution of _____ | |

Are you a... (check one)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> New member | <input type="checkbox"/> Renewing member |
|-------------------------------------|--|

Name: _____

Address: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Phone: _____

E-mail: _____

Preferred means of communication:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Electronic Mail | <input type="checkbox"/> Postal Mail |
|--|--------------------------------------|

Skills: _____

Interests: _____

Complete this form and mail to:

SOLS
324 West Market Street
York, PA 17401

Please make checks payable to SOLS.