

MEMBERSHIP FORM



Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____
Mobile: (____) _____
Email address: _____

Please indicate with an (X) in the box any personal information above you do not want listed in the OBA membership directory.

Check also if you are a member of:

____ National Audubon Society
____ Michigan Audubon Society

OBA needs and welcomes volunteers — please participate if you can!

Check if you have the skills to help:

____ Become a board member
____ Lead a field trip or present a program
____ Fill an open position (Position: _____)

Check Appropriate Line

____ Member renewal
____ New member
____ Change of address

Membership Fee

- Individual \$15
- Family \$20
- Contributing \$25
- Supporting \$50
- Benefactor \$100

Please make checks payable to:

OAKLAND BIRD ALLIANCE

Mail to:

OBA MEMBERSHIP

C/O ROBERT MOLL

PO BOX 796

BIRMINGHAM, MICHIGAN 48012-0796

*Oakland Audubon Society (doing business as Oakland Bird Alliance) is a 501(c)(3) organization.
Your donation is 100% tax deductible to the extent allowed by law.*