

**Eleanor Buck Wolf Nature Center**

156 Prospect St, Wethersfield, CT 06109 Phone: (860) 721-2980

**Friends of the Nature Center Membership Registration Form****HOUSEHOLD CONTACT INFORMATION – ALL INFORMATION MUST BE COMPLETED**

Adult First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Adult First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Annual Memberships	Registration Fee	Lifetime Memberships	Registration Fee
<input type="checkbox"/> Individual	\$15	<input type="checkbox"/> Individual	\$500
<input type="checkbox"/> Senior (individual or Couple)	\$15	<input type="checkbox"/> Senior (individual or Couple)	\$500
<input type="checkbox"/> Family	\$25	<input type="checkbox"/> Family	\$1000
<input type="checkbox"/> Group (Non-Profit, School, Scouts etc.)	\$40		
<input type="checkbox"/> Guardian of Nature	\$50 (Includes Pin and T Shirt)		



Is this a renewal or new membership  Renewal  New

	Member Info – Name	Age	DOB		Member Info - Name	Age	DOB
Adult 1				Child 2			
Adult 2				Child 3			
Child 1				Child 4			

**PAYMENT INFORMATION**

Payment Type:  Check # \_\_\_\_\_  Cash \_\_\_\_\_  Credit Card

**Membership Subtotal** \$ \_\_\_\_\_  
**Friends Donation** + \_\_\_\_\_  
**Total Amount** \$ \_\_\_\_\_

Credit Card Signature \_\_\_\_\_ Date \_\_\_\_\_  
 I agree to pay the total amount according to the cardholder agreement.

Visa  Mastercard  Discover \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

The Friends is an IRS 501-c3 non-profit corporation. Contributions are tax deductible to the extent permitted by law.

For more information please visit: [www.wethersfieldct.gov/ebwnaturecenter](http://www.wethersfieldct.gov/ebwnaturecenter)