Office use:	HH#	
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## **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	L	ast Name				
Adult First Name	Last Name	!				
Street Address	City	State	Zip			
Home Phone Cell	Phone	Email Addre	ss			
Annual Memberships	Registration Fee	Lifetime Memberships	Registration Fee			
[ ] Individual	\$15	[ ] Individual	\$500			
[ ] Family	\$25	[ ] Family	\$1000			
[ ] Group (Non-Profit, School , Scouts etc.)	\$40					
[ ] Guardian of Nature	\$65 (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			

## **CHECKS PAYABLE TO TOWN OF WETHERSFIELD**

PAYMENT INFORMATION					
Payment Type: [ ] Check # [	] Cash	[ ] Credit Card	Membership Subtotal	\$	
			Friends Donation	+	
Credit Card Signature	I agree to pay the	Date be total amount according to t	Total Amount he cardholder agreement.	\$	
[ ] Visa [ ] Mastercard [ ] Discover	·		Exp. Date	e/	

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