



Membership Form

Name:	
Address:	
Email:	
Day phone:	Evening phone:

Select your membership level:

- | | |
|--|---|
| <input type="checkbox"/> Individual \$10 | <input type="checkbox"/> Benefactor \$100 |
| <input type="checkbox"/> Family \$25 | <input type="checkbox"/> Sustaining \$500 |
| <input type="checkbox"/> Contributing \$50 | <input type="checkbox"/> Life \$1000 |
| <input type="checkbox"/> Student or Senior \$5 | <input type="checkbox"/> |

Mail completed form with payment to:

Membership Coordinator
Chintimini Wildlife Rehabilitation Center
PO Box 1433
Corvallis, OR 97339

Questions? Call **541-745-5324** extension **5**, or email **cwrc@peak.org**