



**PO Box 4106, Bismarck, ND 58502-4106**

- Yes, I would like to become a NEW membership today!
- Yes, I would like to retain my membership today!
- Yes, I would like to HELP, here is my gift!
- A donation
- A Living Tribute  A Memorial

FOR:

Acknowledge my gift to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Check/Money Order  Credit Card

Visa  MasterCard Amount \$\_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

- Sustaining Membership (\$250)
- Professional Membership (\$100)
- Family Membership (\$50)
- Individual Membership (\$30)
- Student/Consumer (\$15)