



Yes, I want to enjoy the reward and privileges of being a member of Friends of Bulloch, Inc.!

\$50 Individual

\$75 Family

\$100 Associate

\$250 Patron

\$500 Benefactor

Renewing Member

Name: _____

Street Address: _____

City/State/Zip: _____

FOR OUR RECORDS

May we have the following information in order to serve you better?

Home Phone Number _____ Work Phone Number _____

E-mail Address _____
Membership dues are tax-deductible to the extent provided by law.
You will receive your membership card(s) in the mail in three to four weeks.

Please complete method of payment on the reverse side and mail this enrollment form in the envelope provided. Thank you for your Membership support. Welcome!