

THE AUDUBON SOCIETY OF CENTRAL MARYLAND
NATIONAL AUDUBON SOCIETY LOCAL CHAPTER

MEMBERSHIP APPLICATION: *Please enroll me as a member of the National Audubon Society and my local chapter. Please send Audubon magazine and my membership card to this address:*

Name _____

Address _____

City/State/Zip _____

Email address _____

GIFT MEMBERSHIP: *Please enter a one-year gift membership in the National Audubon Society and send a gift membership announcement to:*

Name _____

Address _____

City/State/Zip _____

(From) _____

Address _____

City/State/Zip _____

MEMBERSHIP CATEGORY PREFERRED: INTRODUCTORY \$20 FAMILY \$38

My check for \$_____ is enclosed.

Chapter Code: C1Z L03 OZ

Please make membership checks payable to: Nat'l Audubon Society. Contributions to assist our educational & environmental work should be made payable to: Audubon Society of Central MD . Please mail all checks to: ASCM, P.O. Box 660, Mt. Airy, MD 21771