Membership Form

Name (Please Print): __________________________________________________________

Street Address: __________________________________________________________________

City: ________________________________________________________________________

State: ___________ Zip: ______________

Telephone Number: ________________________________

E-mail: ________________________________________________________________

Note E-mail address used only for notice of LAS functions.

Membership Level (Select One):

Individual/Family @ $20/year _______ Student/Senior (62+) @ $15/yr _________

Additional LAS Donation (Please indicate donation amount in blank):

Ruby Crowned Kinglet $10-$19 _________ Mountain Bluebird $20-$49 _________
American Avocet $50-$99 _________ American White Pelican $100-$499 _________
Golden Eagle $500 or more ___________

Total Amount Enclosed: _______________________

Make Checks Payable to Lahontan Audubon Society (or just LAS)

Options (Check all that apply):

I do not want my name published as a donor in the Pelican Newsletter: _____________
I am interested in receiving Information about volunteering for LAS: ________________

Please mail completed form with check to:

Lahontan Audubon Society
Attn: Membership
PO Box 2304
Reno NV 89505

Thank You.