

MEMBERSHIP FORM

SINGLE (\$35)

FAMILY (\$50)
UP TO 4 (FOUR)
INDIVIDUALS

* PLEASE ADD A TAX DEDUCTABLE
DONATION TO MY PURCHASE:

DATE ___/___/___ TOTAL PAYMENT \$ _____

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PHONE _____

METHOD OF PAYMENT:

• CHECK (PAYABLE TO BCRHM)

• CREDIT CARD:

MASTERCARD VISA DISCOVER

CREDIT CARD

NUMBER _____

EXP DATE _____ CCV (3 DIGIT CODE) _____

PLEASE PRINT NAME ABOVE AS IT APPEARS ON
CREDIT CARD

PLEASE SIGN ABOVE TO AUTHORIZE CHANGE

PLEASE CALL FOR PICK UP PLEASE MAIL MY CARD(S)

MEMBERSHIP IS VALID FOR ONE YEAR
FROM TIME OF APPLICATION ACCEPTED.