

Laughing Whitefish Bird Alliance Membership Form

*Dues support the newsletter, programs, & local birding activities.
Donations are tax-deductible.*



Your name (or gift-recipient's name): _____

Street: _____

City, State and Zip: _____

Phone: _____ Email: _____

(E-mail addresses are not given to other groups or commercial entities)

Annual Membership fees (please check one)

Gift membership - \$15 Regular(family) membership - \$15 OR Student - \$5.00

How would you like to receive your newsletter?

E-mail or Postal service

Are you also a member of the Michigan Audubon Society?

YES or NO

Are you also a member of the National Audubon Society?

YES or NO

Additional donations:

\$ _____ General Expenses for club projects

\$ _____ Research/Conservation Grant to fund birding research/conservation in the UP

FOR GIFT MEMBERSHIPS please supply your name and the recipient will be notified of your gift:
DONOR NAME: _____

**Mail this form, along with your check (payable to LWBA) to:
Cathy Waller, 201 County Road KB, Marquette, MI 49855**