

# Individual AWCF Membership Application

\_\_\_\_\_  
(First Name) (Initial) (Last Name)  Mr. \_\_\_\_\_  
 Mrs. (Suffix)

\_\_\_\_\_  
(Job or Position Title, if any)  Ms. \_\_\_\_\_  
 Dr.

\_\_\_\_\_  
(Street Address) (P.O. Box) **This address is:**  
 Home  
 Business  
 Student/Temp  
\_\_\_\_\_  
(City) (State) (Zip Code)

Personal Phone: \_\_\_\_\_  
(Area code) (Extension)

Business Phone: \_\_\_\_\_  
(Area code) (Extension)

\_\_\_\_\_  
(E-mail Address)

\_\_\_\_\_  
(Name of organization where I work, if any)

How I learned about the American Wildlife Conservation Foundation:

- From a current AWCF Member \_\_\_\_\_  
(Name)
- Internet/Online  Brochure  Article  Other \_\_\_\_\_

Some skills/background that I have which may be of interest to the American Wildlife Conservation Foundation include (optional):  
\_\_\_\_\_

Annual membership dues are a minimum of \$50.00 (and any amount more), renewed every January. All membership dues are tax deductible. Make checks or money orders payable to: **AWCF**. No credit cards or cash, please.

\$ \_\_\_\_\_. (minimum of \$50.00, no maximum!)

I am interested in learning more about donating to the AWCF Endowment. The American Wildlife Conservation Foundation, Inc. is 501 (C) (3) non-profit organization.

Please mail this completed membership application to: Dan Wentworth, Treasurer, AWCF, PO  
Box 231, Union Springs, NY. 13160