



ROCKINGHAM BIRD CLUB

Membership application

Please print clearly

Name: _____

Family Members in the Household: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Please choose a membership category:

- Student: \$10.00
- Individual: \$20.00
- Family: \$30.00 (List names of included family members above)

If you would like to make an additional contribution to the Bird Club:

\$ _____

Please choose a membership option:

- New member
- Renewing member

Return completed form with membership fee (check made payable to Rockingham Bird Club)

Mail to:

Rockingham Bird Club
949 Northfield Ct.
Harrisonburg, VA 22802