

Yes, I want to become a member!

Please enroll me as a member at the following level:

Individual_____35.00

Couple_____50.00

Friend_____100.00

Supporter_____250.00

Sustainer_____500.00



This is how I want my name & address to appear in future mailings & in the program:

Name(s) _____

Address _____

City_____State_____Zip_____

Email_____Phone_____

Save paper! I prefer to receive program information by email

If using a credit card, please provide your billing address if different from above:

Payment Information

Enclosed, check payable to PS/21, Inc.

Please charge to my credit card (MC or Visa)

_____ exp _____

Signature _____