

New Jersey Bluebird Society

Membership Form v.1/ 20 /18



a nonprofit organization dedicated to the recovery and conservation of the Eastern Bluebird.

Name: _____

(Additional Family Names) : _____

Address: _____

City: _____ State: ____ ZIP: _____

County: _____

Phone: _____

Email: _____

Company Name: _____
(for business/corporate members only)

The Society will work toward this goal by:

* promoting Bluebird conservation projects among members and interested groups.

* conducting educational programs and workshops.

*encouraging and aiding in the establishment of nest box trails.

* collecting and sharing nesting data.

*We do not share or sell our membership list.
NJBBS is a 501(c)(3) nonprofit organization*

Make check payable to: New Jersey Bluebird Society
Mail to: New Jersey Bluebird Society
1 Bridle Way
Manchester, NJ 08759

Membership:

New Jersey Bluebird Society (NJBBS): (we include your entire family in your membership)

Individual/Family: ___ 1 yr (\$15), ___ 3 yr (\$40), Additional Donation: \$_____

optional: North American Bluebird Society (NABS) - NJBBS is an affiliate of NABS

Individual: ___ 1yr (\$20*), Family: ___ 1 yr (\$30)

note 1> first year of NABS "individual" membership - discounted rate: ___ \$15*

note 2> for NABS, can use above lines OR full form below

affiliated with



I would like to **discuss the possibility** of volunteering in the areas of:

___ Organization: county coordinator, advisory board, officer-must be member 1 yr

___ Publications: website, newsletter, fliers, photographer, etc

___ Education/Public Relations: schools, environmental groups, local newspaper

___ Bluebird Care: monitor boxes/trails, help establish trails, data collection

___ Bluebird Boxes: build/repair, donate box material/supplies

___ Other *please describe _____

North American Bluebird Society - Membership Form

New Membership Renewal: NABS-ID# _____

Gift Subscription from: _____

For: Name: _____

Address: _____

City: _____

State/Province: _____ Zip: _____ Phone: _____

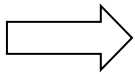
Email: _____

How did you learn about NABS membership? _____

Please circle one: 1 Year 2 Years 3 Years 4 Years

Please check membership type below:

	Household	Single
Subscribing	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$20.00
Supporting	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$40.00
Contributing	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$75.00
Guardian	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$100.00
Life		<input type="checkbox"/> \$500.00
Organization		<input type="checkbox"/> \$50.00
Small Business		<input type="checkbox"/> \$50.00
Corporation		<input type="checkbox"/> \$125.00



"A +" (for Affiliate Members only *) \$15.00

Name of Affiliate organization: **New Jersey Bluebird Society**

*Only good for first year of NABS membership.

Additional Donation: \$10.00 \$25.00 Other _____



An on-line membership form or payment through PayPal is available online at www.nabluebirdsociety.org

Check enclosed (**Note:** Canadian Members use Postal or Bank Money Order in US Funds only)

Visa MasterCard

We do not share or sell our NABS membership list.

Card # _____

Last 3 digits of code on reverse side: _____

Name on Card: _____

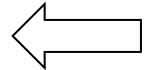
Billing Address for Card: _____

Expiry: _____ Signature: _____

Payment must be in U.S. funds.

Mail to:

**North American Bluebird Society
P.O. Box 7844
Bloomington, IN 47407**



Total Paid or Charged to CC: _____

NABS is a tax-exempt organization - I.R.S. Code Sec. 501(c)(3)

Revised - January 2014