STEP 1 - Print an	d fill out this form.	BLUERIBBON COALITION
City:	State:	Zip Code:
Phone Number:		
Email:		
Are you a Renewing m	nember? 🗆 Yes 🗆 No 🛛 Membersh	ip Number (optional)
Individual Options: Individual Premium	□ One Year (\$30) □ Two Year (Membership includes magazine, st	
Lifetime Member	 \$500 — O Single payment of \$500 O 4 quarterly installments of \$125 O 12 monthly payments of \$41.67 	
Individual Basic	One Year (\$20)(This is a no frills membership - dig	tital magazine only)
STEP 2 - Payme	nt Options (select one):	
Check Enclosed (F	Please make checks payable to: <i>BlueR</i>	ibbon Coalition)
Credit Card - Card	l Number	
Expiration	4000 00 12 3450 730 (12)	ar cone 3737 321345 6 0.08 783 escuty data
CVV Code	e (from credit card billing statement,	if different from address above)
<u> </u>		
STEP 3 - Mail Th	nis Form To: Sharetrails.O 4555 Burley I Pocatello, ID	Drive, Suite A
	Thank you for your suppo	rt of the