

INDIVIDUAL MEMBERSHIP FORM



STEP 1 - Print and fill out this form.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Are you a Renewing member? Yes No Membership Number _____ (optional)

Individual Options:

Individual Premium One Year (\$35) Two Year (\$70)
 (Membership includes magazine, sticker, discounts on products)

Lifetime Member \$600 — Single payment of \$600
 4 monthly installments of \$150
 12 monthly payments of \$50.00

Individual Basic One Year (\$25)
 (This is a no frills membership - digital magazine only)

STEP 2 - Payment Options (select one):

Check Enclosed (Please make checks payable to: *BlueRibbon Coalition*)

Credit Card - Card Number _____

Expiration _____

CVV Code _____



Address, City & State (from credit card billing statement, if different from address above)

**STEP 3 - Mail This Form To: BlueRibbon Coalition/Sharetrails
 P.O. Box 5449
 Pocatello, ID 83202-0003**

Thank you for your support of the
 BlueRibbon Coalition/Sharetrails' efforts to
 "Preserve Our Natural Resources **FOR** The Public Instead of **FROM** The Public."