



# Membership Form

## Your Information

**First Name** \_\_\_\_\_  
**Last Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_  
**State** \_\_\_\_\_  
**Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_

## Membership Levels

- Pine \$25
- Cottonwood \$30
- Sugarberry \$40
- Willow \$50
- Pecan \$150
- Oak \$500
- Beverly & Scott  
Williamson Lifetime  
Membership \$1,500

This Membership is  a gift  for me  
Mail this Membership to  gift recipient  me

## Gift Recipient Information

**First Name** \_\_\_\_\_  
**Last Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_  
**State** \_\_\_\_\_  
**Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_

## Payment Information

**Membership Amount** \$ \_\_\_\_\_  
**Additional Contribution** \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

**I will be paying by:**  
 Check  
(Please make check payable to River Bend Nature Center)  
 Please charge my:  MC  Visa  Discover  
**Card Number** \_\_\_\_\_  
**Expiration Date** \_\_\_\_\_  
**Name on Card** \_\_\_\_\_  
**Signature** \_\_\_\_\_

**Complete this form and mail to: River Bend Nature Center  
P.O. Box 3674 • 2200 Third Street • Wichita Falls, TX 76301 • 940.767.0843**