

We Invite You to Become a Member of:
The Friends of the Baytown Nature Center

Friends of the Baytown Nature Center

Date: _____

Annual Membership Dues:

Individual: \$25 _____ Family: \$50 _____ Sponsor: \$100 _____

Name: _____

New Member: _____

Address: _____

or Renewal: _____

City, State, Zip: _____

Phone Number: _____ E-Mail: _____

I prefer to make a tax deductible contribution to support your work. Amount \$ _____

I would like to receive Friends meeting notices and meeting minutes by e-mail. **Yes** / **No** (circle)

Make checks to: **Friends of the Baytown Nature Center, P.O. Box 8177, Baytown, TX 77522.**

Your membership dues and contributions are tax deductible.