



2830 Solomons Island Rd., Suite B
Edgewater, MD 21037

410-224-3802 ♦ Fax: 410-224-3860

MEMBERSHIP APPLICATION / RENEWAL FORM

Name:			
Family members:			
Address:		City	State Zip
Phone: (home)	(work)	(cell)	
Email *			
I prefer to receive communications via email Yes _____ No _____			
Homeowners Association or Community:			
Closest Body of Water:			
Occupation:		New or Renewing Member?	

* Email addresses are very helpful in relaying information on upcoming events and sharing other important info.

Select all Interests / Skills that Apply			
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	River Watcher
<input type="checkbox"/>	River Advocacy	<input type="checkbox"/>	Legal Expertise
<input type="checkbox"/>	Administrative	<input type="checkbox"/>	Outreach/Education
<input type="checkbox"/>	Land Use Policy/Planning	<input type="checkbox"/>	Workparties/Restoration
<input type="checkbox"/>	Event Planning	<input type="checkbox"/>	

Federation Committees			
<input type="checkbox"/>	Communications	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Program/Technical	<input type="checkbox"/>	Membership

Membership And Giving Levels		
<input type="checkbox"/> \$ 5,000 Merganser	<input type="checkbox"/> \$ 500 Terrapin	<input type="checkbox"/> \$ 50 Family
<input type="checkbox"/> \$ 2,500 Rockfish	<input type="checkbox"/> \$ 150 Blue Crab	<input type="checkbox"/> \$ 25 Individual
<input type="checkbox"/> \$ 1,000 Canvasback	<input type="checkbox"/> \$ 50 Homeowner's Assoc	<input type="checkbox"/> \$ _____ Other
<input type="checkbox"/> I would like to make a special contribution that will be matched dollar-for-dollar by the Keith Campbell Challenge grant to support the south RIVERKEEPER ® \$ _____		
<input type="checkbox"/> I would like to make a contribution toward the South River Federation Endowment Fund. \$ _____		
<input type="checkbox"/> I would like my donation to remain anonymous.		

Payment Information	
<input type="checkbox"/> Check (payable to South River Federation, Inc.)	
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> Discover	
Card No. _____	Exp. Date: _____
Signature: _____	