



**FLATHEAD AUDUBON SOCIETY**  
**MEMBERSHIP**  
**Individual or Family**

**Basic Membership** ..... **\$25**  
(pays for newsletter & operating costs)

**Supporting Membership** ..... **\$40**  
(extra \$15 funds local projects such as Conservation Education  
and Owen Sowerwine Natural Area)

**Additional Donation of** ..... **\$** \_\_\_\_\_

**to:**

- Education Fund**
- Owen Sowerwine**
- Fund Wherever Needed**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**Mail this form with your check to:**

**Flathead Audubon Society Membership**  
**P.O. Box 9173**  
**Kalispell, MT 59904**