

July 1, – June 30 BARC MEMBERSHIP APPLICATION Check box (all that apply):

Renew
 New
 Individual (\$25.00)
 Family (\$35.00)
 Additional Donation _____

| | | | |
|---|---|-------|-----|
| Title | Name of Member(s) (PLEASE PRINT NAME as it shall appear on membership card) | | |
| Address | | | |
| City | | State | Zip |
| Home Phone | | Cell | |
| E-Mail | | | |
| Gift Membership (If giving a gift membership, print the name of the GIVER in this space): | | | |
| Method of Payment: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK (# _____) MAKE CHECK PAYABLE TO: BARC <input type="checkbox"/> CREDIT CARD # _____ EXP: _____ SEC # _____ | | | |

| |
|---|
| INTERNAL USE ONLY: <input type="checkbox"/> Received On: _____ Initial _____ <input type="checkbox"/> Date Thank-You Card Sent: _____ Initial _____ <input type="checkbox"/> Amount: _____ |
|---|