


## D.R.A. Membership Form

Please print this form and mail to DRA, P.O. Box 333, Damariscotta, ME 04543

**Count me in!** I want to support the Damariscotta River Association's mission to "preserve and promote the natural, cultural, and historical heritage of the Damariscotta River, its watershed, and adjacent areas for the benefit of all!"

→ Members joining or renewing at the "Alewife" level or above will receive an *Explorer's Map & Guide* ←

Membership Levels:				River Council Membership:	
Student	\$5	<input type="checkbox"/>	Oyster	\$50	<input type="checkbox"/>
Individual	\$30	<input type="checkbox"/>	Alewife	\$100	<input type="checkbox"/>
Family	\$40	<input type="checkbox"/>	Heron	\$250	<input type="checkbox"/>
Business Member \$100				<input type="checkbox"/>	



Additional contribution: \_\_\_\_\_ My company matches gifts\*

DRA is a 501(c)(3) charitable tax-exempt organization. \*Please provide company information on reverse.

→ My check payable to "DRA" is enclosed

→ Please charge my Visa  MC  Account Number \_\_\_\_\_ Amount \_\_\_\_\_

Sec code \_\_\_\_\_ Exp date \_\_\_\_\_ Signature \_\_\_\_\_

**How would you like to be addressed?** Mr. Mrs. Dr. Ms. Miss First name basis

**Name(s):** \_\_\_\_\_

**Primary Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Summer Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please indicate the dates you would like to receive mail at your summer address:**

\_\_\_\_\_ through \_\_\_\_\_

**Would you like to receive information about volunteer opportunities?** Yes  No