



**New York State Bluebird Society**

www.nysbs.org

**GIFT MEMBERSHIP FORM**

**SEND CHECK AND COMPLETED FORM TO NYSBS TREASURER**  
**PO BOX 883, ROUSES POINT NY 12979-0883**

Membership Categories	With Digital Newsletter		With Paper Newsletter	
	1 YR	3 YR	1 YR	3 YR
Young Adult < 21 yr.	_____ \$10	_____ N/A	_____ N/A	_____ N/A
Individual	_____ \$18	_____ \$35	_____ \$20	_____ \$40
Family	_____ \$18	_____ \$40	_____ \$25	_____ \$45
Group	_____ \$18	_____ N/A	_____ \$20	_____ N/A
Life Member	_____ \$250	_____ Digital	_____ Paper	

**RECIPIENT INFORMATION:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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

County \_\_\_\_\_ Email Address \_\_\_\_\_

**DONOR INFORMATION:**

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

**NOTE: Payment must be made via check for gift memberships**