



Wild Ones Membership Mail In Form

INSTRUCTIONS FOR USE: **Please print off completed form and include with your payment.**

Member Name: _____

Street Address: _____

City, State, ZIP: _____

Phone: _____

Email (required for membership): _____

Chapter Preference (if known): _____

New Membership

Renewing Membership

See <https://join.wildones.org/> for descriptions of membership levels and benefits.

Choose the level of membership you would like:	Wild	Wilder	Wildest
Household	\$40	\$60	\$100
Affiliate (NFP organization)	\$90	\$120	\$150
Business	\$250	\$600	\$1,200
Limited Income or Full-Time Student	\$25		
Lifetime	\$1500		

Membership total: \$ _____

Additional donation: \$ _____

Total enclosed: \$ _____

Mail application with check made out to Wild Ones:
2285 West Butte des Morts Beach Road
Neenah, WI 54956-1008

Questions? Contact us:
support@wildones.org • 920-730-3986 • wildones.org