

# Siuslaw Watershed Council Membership Form

**Type of Membership:**

Landowner \_\_\_\_\_ Community Member \_\_\_\_\_ Industry \_\_\_\_\_

Government Agency: \_\_\_\_\_ Tribal: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Mailing Address:**

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**I would prefer to receive the newsletter electronically.**

**Please check any of the following:**

◇ Tax-deductible membership enclosed (  \$25 supporting,  \$10 regular,  \$0 students).

◇ Additional tax-deductible donation enclosed! Amount \$ \_\_\_\_\_.

◇ Please direct to:

Wherever it can be used the most  General Fund  Water Quality Monitoring

Siuslaw Water Trail  Summer Camp  Native Plant Distribution

Research  Endowment  Outreach Events and Road Signs

Dirk-Edmunds Fund  Other Program (list here) \_\_\_\_\_

◇ Please check here if you do not wish to be acknowledged in our newsletter.

◇ I am interested in volunteer opportunities with the Siuslaw Watershed Council.

◇ If you are interested in planned giving (remembering the SWC in your will) please contact the SWC office for more information.

**Thank You!**