

2024 Membership Form

MEMBER INFORMATION

AGE

First Name _____	MI _____	Surname _____	<input type="text"/>
Significant Other _____	MI _____	Surname _____	<input type="text"/>

Other Family Members (same address, add age)

Address _____
 City _____
 State _____
 ZIP _____ + _____
 Landline Number _____
 Cellphone Number _____
 Email address #1 _____
 Email address #2 _____

Do Not Publish Phone Number
 Do Not Publish Email Address

FRIEND OF BTC (non voting donor) \$ _____ (minimum donation = \$75)

INDIVIDUAL MEMBERSHIP

Under Age 30 \$ _____ \$150
 First Time Member Age 30 or older \$ _____ \$150
 Renewing Member age 30 or older \$ _____ \$250

FAMILY MEMBERSHIP \$ _____ \$400
 SUPPORTING MEMBER \$ _____ \$500
 SUSTAINING MEMBER \$ _____ \$650
 CENTENNIAL MEMBER \$ _____ (minimum donation = \$800)

Credit or Debit Card # _____ \$ _____
 Expiration or Valid Date _____
 CCV _____
 Name on Credit Card _____
 Cardholder Signature _____

If cardholder name is DIFFERENT from the name of the MEMBER:

Cardholder Name _____
 Cardholder Address _____
 City _____
 State _____
 ZIP _____
 Landline phone number _____
 Cell phone number _____
 Email address _____