

2026 Membership Form**MEMBER INFORMATION****AGE**

First Name _____	MI _____	Surname _____	
Significant Other _____	MI _____	Surname _____	

 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Do Not Publish Phone Number ☐Do Not Publish Email Address ☐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) \$ _____	<input type="checkbox"/>	(minimum donation = \$75)
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INDIVIDUAL MEMBERSHIPUnder Age 30 \$ _____ ☐ \$150First Time Member Age 30 or older \$ _____ ☐ \$150Renewing Member age 30 or older \$ _____ ☐ \$250FAMILY MEMBERSHIP \$ _____ ☐ \$400SUPPORTING MEMBER \$ _____ ☐ \$500SUSTAINING MEMBER \$ _____ ☐ \$650CENTENNIAL 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 _____