

MEMBERSHIP FORM

Livingston Audubon Naturalists
PO BOX 485
Brighton MI 48116
E-mail: Info@LivingstonAudubon.org

Membership for Livingston Audubon Naturalists is from January 2027 to December 2027.
Member Information: Please fill out all of the information. Thank you.

Names: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Second Phone: _____

E-Mail: _____

Membership: Please indicate your level of membership and make checks payable to Livingston Audubon Naturalists.

Individual $25_____

Household $50 _____

Sponsor $100 _____

Benefactor $500 _____

Donation $_____

Total $_____

For Office Use:

Date Received: _____

Check # _____ Amount $_____

Cash $_____ Total Received $_____

Signature of Membership Officer _____