



MRHI Membership Application 2010

**Yes! I want to make a difference in protecting and enhancing
the natural resources of the Mosquito Range.**

Please accept this application for membership (circle one).

Youth (\$10) Basic (\$25) Family (\$60) Business (\$100) Corporate (\$250)

Name: _____

Business Name: _____

Family Members (if applying for family membership):

1. _____
2. _____
3. _____
4. _____
5. _____

Address: _____

Town/City: _____

State: _____ Zip code: _____

Phone: _____ Cell: _____ E-Mail: _____

My membership fee of \$ _____ is included.

I am including an additional donation of \$ _____ to make MRHI's efforts a reality.

____ Note: I prefer to remain anonymous and not have my donation publicly acknowledged