

Membership Application

100% tax-deductible, non-refundable, not transferable

Individual Plus 1 year: \$125	Family 1 year: \$185 2 years: \$335 3 years: \$470	Family Plus 1 year: \$295 2 years: \$530 3 years: \$775	Advocate 1 year: \$695 2 years: \$1,250 3 years: \$1,775
Membership for All 1 year: Free			

Ask us about becoming part of our leadership giving community, **Innovator Circle** (1 year: \$1,000+)

Named Adult Members

First Name	Last Name

Relationship of Adults: (ex: spouse, friend, family, child care provider) _____

Contact Information

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Named Child Members

Note: Individual Plus level membership does not include children

First Name	Last Name	Date of Birth	Relationship to adults

Membership for All Only, Qualifying Program: _____