

**Doylestown Nature Club
Membership Form**

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell: _____

Email: _____

Birthday (month & day) _____

____ Please check if this is a *change* in contact info.

Membership dues are \$28.00/person or \$50.00/couple.

Please make checks payable to Doylestown Nature Club

We print and distribute the Membership Directory once a year in October. Your name and information will be included if you join before the Directory goes to press in September.

Please forward your check along with this form to:

The Doylestown Nature Club, Inc.

PO Box 467

Doylestown, PA 18901

Signature: _____ **Date:** _____ **Amt. Enc.** _____

Doylestown Nature Club, Inc.

PO Box 467

Doylestown, PA 18901

Find us on Facebook Doylestown Nature Club

or online at

<http://www.doylestownnatureclub.com/>