DOYLESTOWN NATURE CLUB
MEMBERSHIP FORM 2025-2026

NAME: _____

ADDRESS: _____

CITY/STATE:_____ZIP_____

HOME PHONE:_____CELL PHONE:_____

EMAIL ADDRESS**:**_____

BIRTHDAY: MONTH/DAY**:** _____

_____This is a change in contact information.

_____ I do not wish to receive by email other than DNC activity announcements which include the Newsletter, meetings, trip and workshop information.

_____ I wish to receive information by email on other related community events, in addition to DNC activity announcements.

_____I do not have email. Please send the Newsletter by US post and telephone me regarding DNC meeting and event changes.

Our Membership Directory is printed and distributed once a year in October. Your name and information will be included, if you join and pay your dues before the Directory goes to press in September.

Membership dues: $30/person and $55/couple. Please make your check payable to: Doylestown Nature Club.

Please send this form and your check to:

Doylestown Nature Club Inc.
Attention: Membership
P.O. Box 467
Doylestown, PA 18901

SIGNATURE: _____DATE:_____